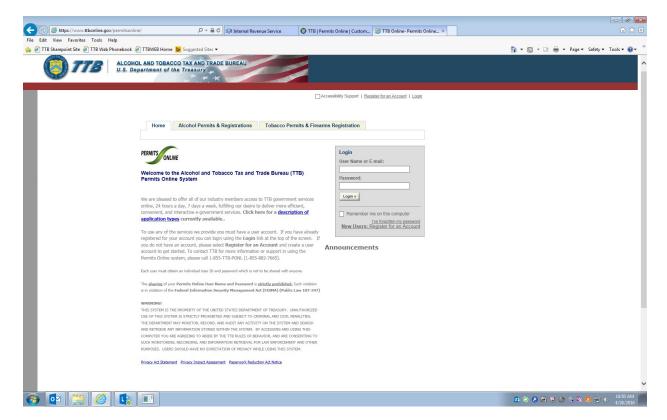
Permits Online (PONL) Screen Shots for Manufacturer of Processed Tobacco Application

General PONL log-in page:



> MANUFACTURER OF PROCESSED TOBACCO

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval.

Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

Auto-fill with)		V	İ
*First Name:	Middle Name:	* Last Name:		
Position/Title				
Business Name:			3	
*Address:				
*City:	* State:	V	*Zip:	
Country:				
Select		~		
Primary Phone:	Alternat	te Phone:	Fax:	
E-mail:				
Claur				

Business Headquarters

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Auto-fill with			\vee	
*Business Name:		?	* Em ployer Identification Num ber	3
*Address:				
*City:	* State:	V	*Zip:	
Country:				
Select Primary Phone:	Alternate Phone:	Fax	:	
E-mail:				
Clear				
Continue Application »				Save and resume later.

Dre	mise	Add	negg

This section pertains to the physical location and address where your approved operations will take place.

		•			•	
Stre et #:	Fraction:	Direction:	* Street Name:	Type:	Suffix: Seled ✔	
Unit Type:		Unit No.:	_			
Select	~					
Rural Address	5:		?			
Other Addres	5:		?			
*City:		* State:	*Zip:	County:		
*Premise Cor	ntact Name:	* Prem	ise Phone Number:			
ı		,				
Continue Appli	ication »				Save and I	resume later.

Mailing Address

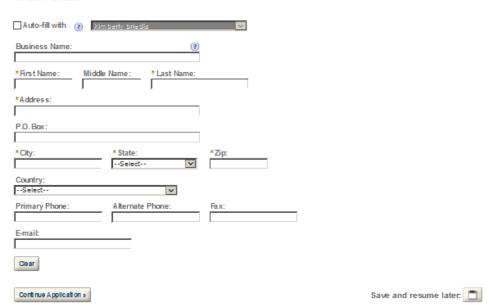
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Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box. New Business: * ? Change of Proprietors hip - Ownership: * **?** Change of General Partner(s): * (2) Enter Permit Number of Predecessor: Enter Name and Address of Predecessor: APPLICATION INFORMATION This information pertains to your business organization and the timing of commencement of your proposed operations. *Type of Organization: Select--V State where Incorporated/Organized: Select--V Start Date for New Business Upon Approval by TTB: * Date of Change: * Continue Application » Save and resume later. OWNER BACKGROUND INFORMATION O Yes O No * Have you or any person a ssociated with this application been subject to or are currently subject to legal proceedings involving a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: If yes, provide details of each occurrence: * Have you or any person a ssociated with this O Yes O No application been convicted of a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or digarette tubes?: If yes, provide details including dates, places and final disposition:

REASON FOR THE APPLICATION

OFFICER/OWNERSHIP INFORMATION

important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ow nership in the Company.

*How is Officer/Owner Info Submitted?:	Officer/Owner Info Tracking No.: 📵	* Offic er/Owner Class ification:
Se lect		Sele d ✓
EIN:	First Name:	Middle Name:
Last Name:	Suffix:	Email Address:
	Select	
Primary Title:	List Additional Title s:	Title if Other:
Select	^	
	V	
*Description of Duties or Relation to the	Company Name:	Trust Name:
Propose d Operation:		
~		
*Percent Voting-Stock-Interest: (?)	* Investment in Business:	* Fina ncia I Institution: Name, (?) City and State:
		A A
		~
Source of Funds (SOF) Description: (2)	* How is SOF Documentation Submitted?:	
Ô	Select v	
Submit Cancel		
COINCE		

SIGNING AUTHORITY

Select "Add a Row" for each employee of the company who has the authority to sign and/action behalf of your company. Authority can be granted by title or Individual.

*Authority Granted by:	First Name:	Middle Name:
Last Name:	Suffix:	Title:
Title if Other:	*Source of Authority:	Type of Board Meeting: (?)Select
Date of Me eting:	*Type: Seled	If Limite d, Signing Authority Capacity:
*Effective Date:	Is this person authorized to prepare or review label submissions?: O Yes O No	Is this person authorized to submit labels for approval?: O Yes O No
Is this person authorized to prepare or review formula submissions?: O Yes O No	Is this person authorized to submit formulas for approval?: O Yes O No	Does this personalready have a COLA: Online and/or Formulas Online account with TTB?: O Yes O No
Phone Number:	Street:	City:
State:Select	Ζ ip:	Email Address:

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules. NOTE: You may only selectione Operating Name(DBA).

*Type:	* Name :	*I certify that the listed trade name has
Select	⊽	been registered with my County (CA) or State (AII States): O Yes O No
Submit Cancel		

REQUEST FOR VARIANCE

Cance!

Cancel

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type:	?	${\color{red}^{\star}} \textbf{Description of Request:}$
Select	V	
		^
		~
Submit Cancel		

×

х

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

*Enter Number of Employees (must be at least one):	
*Address of Premises:	^
	<u> </u>
*Provide the name of your gas and electric company:	^
	<u> </u>
*Describe any air pollution control equipment in connection with heating:	^
	<u> </u>
*Describe any solid waste (Example: broken glass, grape must, cardboard):	^
	<u> </u>
*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):	^
	~
* Describe any air pollution control equipment used with incinerators.:	^
	<u> </u>
*Describe any liquid waste (Example:wash water, spilled product):	^
	~
*Describe means of disposal for liquid waste (Example: commercial sewer, septic system):	^
	<u></u>
*Describe operational noise sources:	^
	V

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

*Describe activity to be conducted:	?	
		^
		~
* Describe any liquid waste released into navigable waters:		^
		~
*Provide beginning and ending dates for the release:		^
		~
* Decribe how you will monitor the quality and characteristics of the discharge:		^
		V

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

VIA RNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-7 of 7

Docume nt Ty pe	Document Type If Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Copy of Drivers Libense or Official State ID Card			Uploaded		Actions ~
Lease Agreement or Proof of Property Ownership			Uploaded		<u>Actions</u> ▼
Source of Funds Documentation			Uploaded		Actions 🕶
Diagram, Plant or Plan			Uploaded		Actions ~
Organizational Documents			Uploa de d		<u>Actions</u> ▼
Organizational Documents			Uploaded		<u>Actions</u> \checkmark
Certificate to Operate in Foreign State	2		Uploaded		<u>Actions</u> ▼
Adda Row V Edit Selected	Delete Selected				
Adda Row V Edit Selected	Delete 29 le CB (I				

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

<u>Name</u>	Туре	Size	<u>Date</u>	Action	
No records found.					
<					>
Browse					

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that t is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:	
*Declaration Date:	

Continue Application »

Save and resume later:

