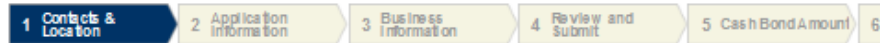


PONL Screen Shots – New Tobacco Importer Application

General PONL log-in page:

The screenshot shows a web browser window displaying the TTB Permits Online (PONL) login page. The browser's address bar shows the URL <https://www.ttbonline.gov/permitsonline/>. The page header includes the TTB logo and the text "ALCOHOL AND TOBACCO TAX AND TRADE BUREAU U.S. Department of the Treasury". Below the header, there are navigation tabs for "Home", "Alcohol Permits & Registrations", and "Tobacco Permits & Firearms Registration". The main content area features a "PERMITS ONLINE" logo and a welcome message: "Welcome to the Alcohol and Tobacco Tax and Trade Bureau (TTB) Permits Online System". A login form is positioned on the right side, with fields for "User Name or E-mail:" and "Password:", a "Login" button, and a "Remember me on this computer" checkbox. Below the login form, there are links for "New Users: Register for an Account" and "Forgot my password". The page also includes an "Announcements" section and a "WARNING!" section with a disclaimer. The footer contains links for "Privacy Act Statement", "Privacy Impact Assessment", and "Paperwork Reduction Act Notice". The system tray at the bottom right shows the time as 11:00 AM on 4/28/2016.

Application for New Tobacco Export Warehouse



Step 1 : Contacts & Location > Business Contacts

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed below.

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: Pertains to the mailing address of the business entity or individual.

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 Kimberly Briedis

* First Name: Middle Name: * Last Name:

Position/Title:

Business Name:

* Address:

* City: * State: * Zip:

Country:

Primary Phone: Alternate Phone: Fax:

E-mail:

Business Headquarters

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 ? Kimberly Briedis

| | | | |
|--------------------------------------|----------------------|-----------------------------------|----------------------|
| * Business Name: | <input type="text"/> | * Employer Identification Number: | <input type="text"/> |
| * Address: | <input type="text"/> | | |
| * City: | * State: | * Zip: | |
| <input type="text"/> | --Select-- | <input type="text"/> | |
| Country: | <input type="text"/> | | |
| <input type="text"/> | --Select-- | | |
| Primary Phone: | Alternate Phone: | Fax: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| E-mail: | <input type="text"/> | | |
| <input type="button" value="Clear"/> | | | |

Premise Address

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

| | | | | | |
|-------------------------|-------------------------|----------------------|----------------------|------------|------------|
| Street #: | Fraction: | Direction: | * Street Name: | Type: | Suffix: |
| <input type="text"/> | <input type="text"/> | --Select-- | <input type="text"/> | --Select-- | --Select-- |
| Unit Type: | Unit No.: | | | | |
| --Select-- | <input type="text"/> | | | | |
| Rural Address: | <input type="text"/> | | | | |
| Other Address: | <input type="text"/> | | | | |
| * City: | * State: | * Zip: | County: | | |
| <input type="text"/> | --Select-- | <input type="text"/> | <input type="text"/> | | |
| * Premise Contact Name: | * Premise Phone Number: | | | | |
| <input type="text"/> | <input type="text"/> | | | | |

Save and resume later:

Mailing Address

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 ? Kimberly Brindis

Business Name: ?

*First Name: Middle Name: *Last Name:

*Address:

P.O. Box:

*City: *State: *Zip:

Country:

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later. 

REASON FOR THE APPLICATION

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 Proprietorship - Ownership: *

Change of General Partner(s): *

Requalification: *

Permit Number(s) of Predecessor:

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:

State Where Incorporated:

Start Date for New Business Upon Approval by TTB: *

Date of Change: * 

[Continue Application »](#)

Save and resume later: 

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 ownership in the Company.

| | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------|
| * How is Officer/Owner Info Submitted?: --Select-- | Officer/Owner Info Tracking No.: ? _____ | * Officer/Owner Classification: --Select-- |
| EIN: _____ | First Name: _____ | Middle Name: _____ |
| Last Name: _____ | Suffix: --Select-- | Email Address: _____ |
| Primary Title: ? --Select-- | List Additional Title: _____ ^ v | Title if Other: ? _____ |
| * Description of Duties or Relation to the Proposed Operation: _____ ^ v | Company Name: _____ | Trust Name: ? _____ |
| * Percent Voting Stock Interest: ? _____ | * Investment in Business: _____ | * Financial Institution: Name, City and State: ? _____ ^ v |
| * Source of Funds (SOF) Description: ? _____ ^ v | * How is SOF Documentation Submitted?: ? --Select-- | |

SIGNING AUTHORITY

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

* Authority Granted by:

Last Name:

Title if Other:

Date of Meeting:

* Effective Date:

Is this person authorized to prepare or review formula submissions?:

 Yes No

Phone Number:

State:

First Name:

Suffix:

* Source of Authority:

* Type:

Is this person authorized to prepare or review label submissions?:

 Yes No

Is this person authorized to submit formulas for approval?:

 Yes No

Street:

Zip:

Middle Name:

Title:

Type of Board Meeting:

If Limited, Signing Authority Capacity:

Is this person authorized to submit labels for approval?:

 Yes No

Does this person already have a COLAS Online and/or Formulas Online account with TTB?:

 Yes No

City:

Email Address:

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf.

* First Name:
Suffix:

Middle Name:
* Address:

* Last Name:
* Phone Area Code:

* Phone:
Fax Number:

Phone Extension:
Email:

Fax Area Code:
* Type:

If Limited, Specific Powers to be Conferred:

* Effective Date: 

Is this person authorized to prepare or review label submissions?:
 Yes No

Is this person authorized to submit labels for approval?:
 Yes No

Is this person authorized to prepare or review formula submissions?:
 Yes No

Is this person authorized to submit formulas for approval?:
 Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTBB?:
 Yes No



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 select one Operating Name (DBA).

*Type:

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States):

Yes No

Submit

Cancel



REQUEST FOR VARIANCE

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:



*Description of Request:

Submit

Cancel

OWNER BACKGROUND INFORMATION

*Have you or any persons associated 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? Yes No

If yes, provide details of each occurrence:

*Have you or any persons associated with this application been convicted of a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes? Yes No

If yes, provide details including dates, places and final disposition:


Continue Application »

Save and resume later:

IMPORTER OPERATION INFORMATION

Select your proposed Operation(s):

Importer of Tobacco Products: 

Importer of Processed Tobacco: 

Application Information

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.

WARNING: 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 1-5 of 5

| <input type="checkbox"/> Document Type | Document Type if Other | Comments | Method of Submission | Permit, Registry or Tracking Number if on file with TTB | |
|------------------------------------------------------------------------------------|------------------------|----------|----------------------|---------------------------------------------------------|---------------------------|
| <input type="checkbox"/> Copy of Drivers License or Official State ID Card | | | Uploaded | | Actions ▼ |
| <input type="checkbox"/> Lease Agreement or Proof of Property Ownership | | | Uploaded | | Actions ▼ |
| <input type="checkbox"/> Source of Funds Documentation | | | Uploaded | | Actions ▼ |
| <input type="checkbox"/> Letter of Intent From Foreign Supplier | | | Uploaded | | Actions ▼ |
| <input type="checkbox"/> Tobacco Signed Supplemental Information and Certification | | | Uploaded | | Actions ▼ |

[Add a Row](#) ▼ [Edit Selected](#) [Delete Selected](#)

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

| Name | Type | Size | Date | 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 it 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: 