PONL Screen Shots for Wine Premises Application

(Equivalent to TTB F 5120.25, Application to Establish and Operate Wine Premises, TTB F 5120.36, Wine Bond, and other TTB forms submitted by wine premises applicants)

WINERY

Application Contact

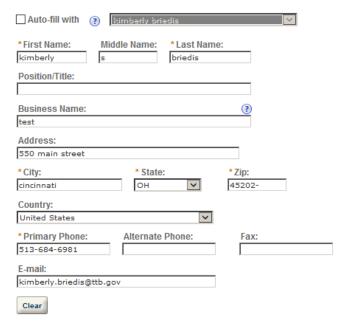
Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

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



Business Headquarters

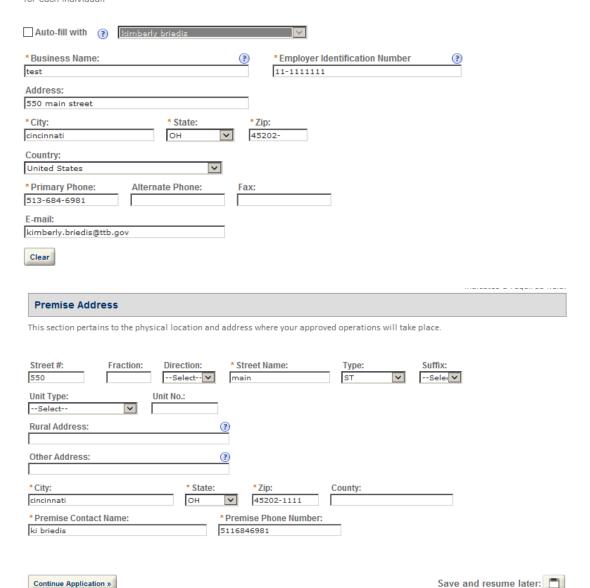
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Mailing Address

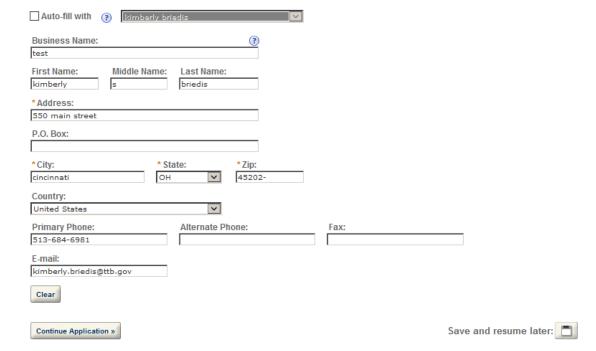
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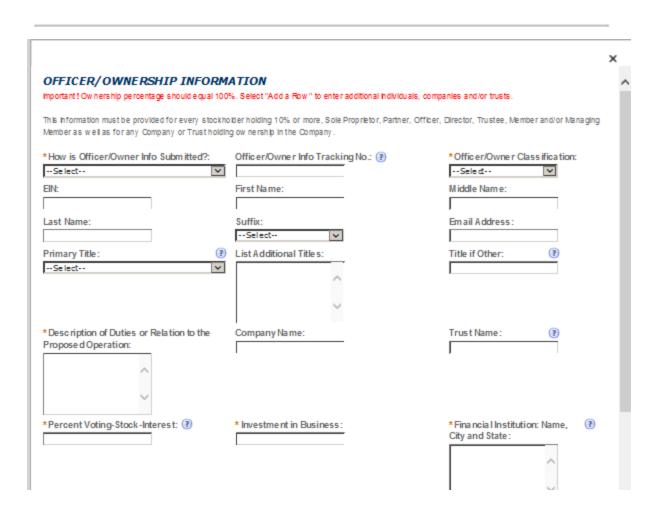
Application Information	
REASON FOR THE APPLICATION in dicate whether this Original Application is being file appropriate box.	ed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the
New Business: *	③□
Change of Proprietors hip - Ownership: *	③ □
Change of General Partner(s): *	③□
Enter Permit Number of Predecessor:	
Enter Name and Address of Predecessor:	
APPLICATION INFORMATION This information pertains to your business organizat	ion and the timing of commencement of your proposed operations.
*Type of Organization:	
Doing Bus ines s A s:	•
State Where Incorporated/Organized:	
Start Date for New Business Upon Approval I TTB: *	by
Date of Change: *	②
Continue Application a	Save and resume later.
APPLICATION TYPE Please select the ? next to each Application Type b an incorrect Application Type, you will have to re-a	efore making your selection to ensure you are choosing the correct one. If the application is submitted with poly to correct the error.
Bonded Winery - Producing and Blending Wine: *	③ ✓
Bonded Winery - Blending Wine Only:	③ □
Bonded Wine Cellar and Wine Blender:	
Bonded Wine Cellar:	
Tax Paid Wine Bottling House:	
Cider Producer - Under 7% Alcohol Only:	③ □
Continue Application »	Save and resume later:

OWNER BACKGROUND INFORMATION

*Has the applicant or any person listed on this ○ Yes

⑥ No application ever been denied a permit, license, or other authorization to engage in any business to manufacture, distribute, import, sell, or use alc ohol products (beverage or nonbeverage) by any government a gency (Federal, State, local or foreign) or had such a permit, license, or other authorization revoked, suspended, or otherwise terminated?: If yes, provide details: *Has the applicant or any person listed in this ○ Yes

● No application ever been arrested for, charged with, or convicted of any crime under Federal, State, or Foreign laws other than traffic violations or convictions that are not felonies under Federal or State law: If yes, provide details including dates, places and final disposition:



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ALTERNATION OF PREMISES

Select "Add a Row " for each additional commodity type (under the same ow nership) being conducted at this location alternating the use of the premises.

*Type of Alternating Operation:	*Are you alternating with another entity?: O Yes O No	2	If yes, Name of Alternator:
If yes, Permit Number:	If yes, Registry Number:		
Submit			

ALTERNATION OF PROPRIETORS

Select "Add a Row " for each Alternating Proprietor conducting operations at this location.

*Type of Arrangement:	Host Name:	Host Permit Number:
Select	<u> </u>	
Host Registry Number:	Tenant Name:	Tenant Permit Number:
Tenant Registry Number:	Co-Tenant Name:	Co-Tenant Permit Number:
Co-Tenant Registry Number:		
Submit Cancel		

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

Be sure to include any one who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by:Select Last Name: Title if Other: Date of Me eting:	Suffix:Sele d *Source of Authority:Sele d *Type:Sele d	Middle Name: Title: Select Type of Board Meeting: (2) Select If Limite d, Signing Authority Capacity:
*Effective Date:	Is this person authorized to prepare or review label submissions?:	Is this person authorized to submit labels for approval?:
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 person already have a COLAs Online and/or Formulas Online account with TTB?: O Yes O No
Phone Number:	Street:	City:
State:	Zip:	Email Address:

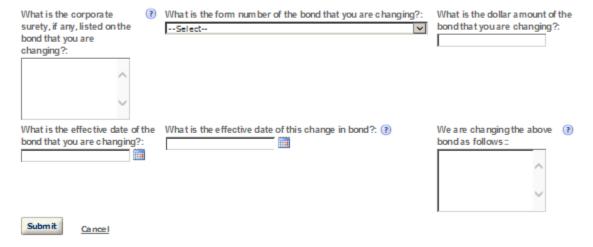
POWER OF ATTORNEY INFORMATION

Select "Add a Row "for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:	Middle Name:	*Last Name:	
Suffix:	*Address:	*Phone Area Code:	
Se lect	Nucles 5.	Thore area code.	
	^		
	~		
*Phone:	Phone Extension:	Fax Area Code:	
Fax Number:	Email:	*Type:	
If Limited, Specific Powers to be	*Effective Date:	Is this person authorized to prepare or	
Conferred:		review label submissions?: O Yes O No	
^		O fes O No	
_			
	L 41:	In their conservation in additional to a should	
Is this person authorized to submit labels for approval?:	review formula submissions?:	Is this person authorized to submit formulas for approval?:	
O Yes O No	O Yes O No	O Yes O No	
Does this person already have a COLAs Online and/or Formulas Online account with TTB?:			
O Yes O No			
Submit Cancel			
			×
NON-CONTIGUOUS LOCATIONS	,		^
	ilses. The non-contiguous premises must be a conti	nuation of the existing premises and must not be a	
stand alone operation.			
* Non-c ontiguous Location Address:	*Description of Non-contiguous Premises:	*Distance from the Primary Operation in miles:	
^	_		
~			
	~		
*Description of proposed Operation(s):			
^			
Submit Cancel			

CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click here for a list of examples that will require a Change in Bond (Consent of Surety) NOTE: A TTB Form 5000.18, Change in Bond (Consent of Surety), must be completed and uploaded. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.



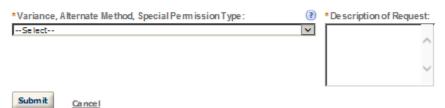
TRADE NAMES / OPERATING NAME

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).



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.



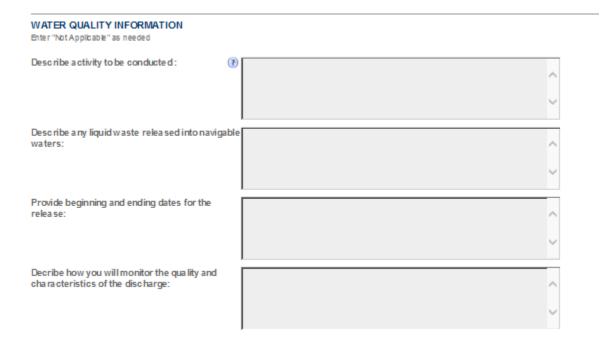
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WINERY INFORMATION

*Describe each Tract of Land by using	3	
directions and distances:		^
		V
	I	
*Describe the Wine Premises Security:		
		~
4D 3 - 7 - 1100 - 01		
*Describe any Tax paid Wine Storage:	(3)	^
		~
*Is your winery in a Residential Building?:	(2)	_
		\wedge
		U
* Describe any Alternating Premises (if	(2)	
applicable):		^
		V
*Describe each Wine Premises Building: Provide size, construction, use and location	(9)	^
of doors and windows .:		
		~
* If you are applying as a Bonded Wine Cellar	?Select V	
or Taxpaid Wine Bottling House, would you		
agree to the listing of your name by TTB that may be distributed to the general public upon		
request:		
* Describe any operation which will include spirits:	(9)	^
		~
*Describe any Volatile Fruit-Flavor	9	_
Concentrate Operations produced:		^
		U
		*
*December and other according to the		_
*Describe any other operations you plan to conduct on the wine premises and	(3)	^
equipment to be used:		
		~
Cider Producer - Under 7% Alcohol:		

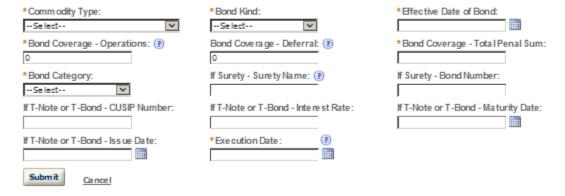
ENVIRONMENTAL INFORMATION Enter "Not Applicable" as needed		
*Enter Number of Employees (must be at least one):		
*Address of Premises:	-	
*Provide the name of your gas and electric company:	- C	
*Describe any air pollution control equipment in connection with heating:		
*Describe any solid waste (Example: broken glass, grape must, cardboard):		
*Describe means of disposal for solid waste (Example: commercial garbage collection, inc ineration):	-	
* Describe any air pollution control equipment used with incinerators.:	- C	
*Describe any liquid waste (Example:wash water, spilled product):	^	
*Describe means of disposal for liquid waste (Example:commercial sewer, septic system):	- -	
*Describe operational noise sources:	^	



WINE BOND

A wine premises proprietor (except for a Tax Paid Wine Bottling House) filling an original application must upload a wine bond with sufficient bond coverage. Click here to access a worksheet to assist in determining our correct bond coverage.

Select "Add a Row" to enter the information listed on your TTB Form \$120.36, Wine Bond. This information must match exactly with the uploaded form.



RELATED BONDS AND PERMITS

Select "Add a Row" for each regulated Alcohol operation of the same ow nership at this location.

*Comm odity Type:	Bond Form:		Bond Category:	
Se lect	Select	V	Select	V
Surety Name if Applicable:	Amount:		Permit Number:	
Registry Number:				
Submit Cancel				

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 1-2 of 2

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Letter of Intent From Foreign Supplier			Uploaded		<u>Actions</u> ▼
Meeting Minutes			Uploaded		<u>Actions</u> ▼
Add a Row	Delete Selecte	ed			

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>	<u>Type</u>	Size	<u>Date</u>	Action	
No records found.					
Browse					
Continue Application »				Save and resume	later:

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.:	Tuntil the premises and operations are approved by the Director, National Revenue Center.
* Declaration Date:	
Continue Application »	Save and resume later: