1.			INSTRU	JCTIONS				
	Cincinnati, Ohio 45202-5	nal and one copy of this form with t 215. This form must be completed Revenue Center or are attached to	d and submitted ever	n or other documer though three copic	nt, to the Director, Nati es of the required cert	onal Revenue Center, 550 Nification or waiver have beer	Main St, Ste 8002 n sent	
3.	DISPOSITION. After fina	al action taken on the related applic	cation or other docun			d to the applicant.		
1.	FORM NUMBER	2. APPLICATION DATE	3. SERIAL NUI		JER			
6. [DESCRIBE ACTIVITY TO	O BE CONDUCTED IN WHICH	THE ALCOHOL AN	D TOBACCO TAX	(AND TRADE BURE	EAU HAS AN INTEREST.		
	ACTIVITY DESCRIBED	T OR INDIRECT DISCHARGE II IN ITEM 6, INCLUDING THE BI AT WHICH SUCH DISCHARGE	OLOGICAL, CHEM	ICAL, THERMAL,	OR OTHER CHARA			
		DDS AND MEANS USED OR TO OF EQUIPMENT OR FACILITIE						

TTB F 5000.30 (10/2014)