Permits Online (PONL): Application for Tax Free Alcohol Under

As of 11/21/17

ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
U.S. Department of the Treasury

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| Home | Alcohol Permits & Registrations | Tobacco Permits & Firearms Registration |

Create a New Application | Search Your Applications

Select an Application Type

Click here for a **description of application types**. For assistance please contact TTB at 1-855-TTB-PONL.

IMPORTANT: To protect the security of your information, your Permits Online session will end two hours after you have signed on regardless of whether you are continuously working or not. If you are not able to complete and submit your application in that time, please make sure to save your progress *by clicking on "Save and resume later"* so your work is not lost.

TIP: You must complete all Owner Officer Information (OOI) application(s) prior to starting a commodity application. After submitting all OOIs to TTB, you will receive an OOI Tracking Number. You will need to insert each OOI Tracking Number into the OFFICER/OWNERSHIP INFORMATION table in your commodity application.

[Original SDS TFA USGOV ▾]

○ Application for New Specially Denatured Spirits - Dealer
○ Application for New Specially Denatured Spirits - User
○ Application for New Spirits for Use by US Government
◉ Application for New Tax Free Alcohol User

[Continue Application »]

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Create a New Application | Search Your Applications

Application for New Tax Free Alcohol User

| 1 Contacts & Location | 2 Application Information | 3 Business Information | 4 Review and Submit | 5 Record Submittal |

Step 1 : Contacts & Location > Business Contacts

* indicates a required field.

Application Contact

Safari users, please click here for instructions on setting your Safari preferences to use Permits Online without error.

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   New

File   Edit   View   Favorites   Tools   Help

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Contact Information   ✕

* **First Name:**   **Middle Name:**   * **Last Name:**

Position/Title:

Business Name: ❓

Address:

* **City:**   **State:**   * **Zip:**
                          --Select-- ▾

Country:
United States   ▾

* **Primary Phone:**   **Alternate Phone:**   **Fax:**

* **E-mail:**

[Continue]   [Clear]   **Discard Changes**

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]   [New]

12:56 PM
11/21/2017

Business Headquarters

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[Auto Fill] [New]

[Continue Application »]   Save and resume later: ▢

Edit Remove

Business Headquarters

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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:

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Contact Information ✕

* Business Name: ❓

* Employer Identification Number ❓

Address:

* City:

* State:　--Select--

* Zip:

Country:　United States

* Primary Phone:

Alternate Phone:

Fax:

E-mail:

[Continue]　[Clear]　Discard Changes

If you have difficulty accessing any information in the site due to a disability, please contact us via email (Permits.Online@ttb.gov) and we will do our best to make the information available to you.

To contact TTB for more information or support in using the Permits Online system, please call 1-855-TTB-PONL (1-855-882-7665) or visit the Permits Online Customer Support site for online resources and information.

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| Home | Alcohol Permits & Registrations | Tobacco Permits & Firearms Registration |

Create a New Application | Search Your Applications

Application for New Tax Free Alcohol User

1 Contacts & Location   2 Application Information   3 Business Information   4 Review and Submit   5 Record Submittal

Step 1 : Contacts & Location > Business Location

* indicates a required field.

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:
                                 --Select-- ▼   --Select-- ▼   --Select ▼

Unit Type: Unit No.:
--Select-- ▼

Rural Address: ❓

Other Address: ❓

* City: * State: * Zip: County:
                        --Select-- ▼

* Premise Contact Name: * Premise Phone Number:

Continue Application »   Save and resume later: ▢

| Home | Alcohol Permits & Registrations | Tobacco Permits & Firearms Registration |

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Application for New Tax Free Alcohol User

| 1 Contacts & Location | 2 Application Information | 3 Business Information | 4 Review and Submit | 5 Record Submittal |

Step 1 : Contacts & Location > Mailing Address

* indicates a required field.

Mailing Address

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Auto Fill   New

Continue Application »

Save and resume later:

Home   **Alcohol Permits & Registrations**   **Tobacco Permits & Firearms Registration**

Create a New Application | Search Your Applications

Application for New Tax Free Alcohol User

| 1 Contacts & Location | 2 Application Information | 3 Business Information | 4 Review and Submit | 5 Record Submittal |

Step 1

Mailing

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Continue Application »

Save and resume later:

Contact Information   ✕

Business Name: ?

First Name: Middle Name: Last Name:
                                    x

*Address:

P.O. Box:

*City: *State: *Zip:
                    --Select--

Country:
United States

Primary Phone: Alternate Phone: Fax:

E-mail:

Continue   Clear   Discard Changes

🔍 100%

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Application for New Tax Free Alcohol User

1 Contacts & Location | 2 Application Information | 3 Business Information | 4 Review and Submit | 5 Record Submittal

Step 2 : Application Information > Base Information

* indicates a required field.

Application Info

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): * ☐

Permit Number(s) of Predecessor:

Name and Address of Predecessor:

APPLICATION INFORMATION

* Type of Organization: --Select--

🔍 100%

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11/21/2017

APPLICATION INFORMATION

* Type of Organization: ❓   --Select-- ▾

Doing Business As/Operating Name: ❓   [   ]

* List the individual(s) who will be directly responsible for the alcohol: [   ]

State Where Incorporated: --Select-- ▾

Start Date for New Business Upon Approval by TTB: *   ☐

Date of Change: *   ❓   [   ] 📅

TAX FREE OPERATION INFORMATION

* What is the estimated annual withdrawal amount of tax free alcohol in proof gallons you intend to use?:   [   ]

* Select from the following how the tax free alcohol will be used: --Select-- ▾

If Other, describe in detail: [   ]

* Describe how the tax free alcohol will be used, if for research purposes; give the objectives of the research: [   ]

* Will the findings be published?:   ○ Yes ○ No

* Will the tax-free alcohol be used in any product that will be sold?:   ○ Yes ○ No

* Will the tax free alcohol be used in any way that will make a profit?:   ○ Yes ○ No

* Will any tax-free alcohol be Recovered?:   ○ Yes ○ No

List of Equipment Used in Recovery: [   ]

*Describe how the tax free alcohol will be used, if for research purposes; give the objectives of the research:

*Will the findings be published?: ○ Yes ○ No

*Will the tax-free alcohol be used in any product that will be sold?: ○ Yes ○ No

*Will the tax free alcohol be used in any way that will make a profit?: ○ Yes ○ No

*Will any tax-free alcohol be Recovered?: ○ Yes ○ No

List of Equipment Used in Recovery:

*Describe your alcohol storage area and measures taken to prevent unauthorized access:

Continue Application »

Save and resume later: ▢

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OFFICER/OWNERSHIP INFORMATION   ×

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

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

* How is Officer/Owner Info   Officer/Owner Info Tracking No.: ⑦   *** Officer/**
Submitted?: You must enter at least one   Classific
Owner or Officer
--Select--   [   ]   --Select--

EIN: **First Name:**   **Middle N**
[   ]   [   ]   [   ]

Last Name: **Suffix:**   **Email Ad**
[   ]   --Select--   [   ]

Primary Title: ⑦   **List Additional Titles:**   **Title if O**
--Select--   [   ]   [   ]

* Description of Duties or Relation to the   **Company Name:**   **Trust Na**
Proposed Operation: [   ]   [   ]
[   ]

* Percent Voting-Stock-Interest: *** Investment in Business:**   *** Financi**
Percentage of Stock Interes   *Dollar amount invested in E*   Name, Ci

Use Address   Use City   Use State   Use Zip

No records found.

Add a Row ▾   Edit Selected   Delete Selected

OFFICER/OWNERSHIP INFORMATION

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TTB U.S. Department of the Treasury

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✕

NERSHIP INFORMATION

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

be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member
mber as well as for any Company or Trust holding ownership in the Company.

wner Info   Officer/Owner Info Tracking No.: ⓘ   * Officer/Owner
must enter at least one   Classification:
                                                               --Select--   ▾

                   First Name: Middle Name:

                   Suffix: Email Address:
                   --Select--   ▾

           ⓘ   List Additional Titles: Title if Other: ⓘ

ties or Relation to the   Company Name: Trust Name: ⓘ
n:

ock-Interest: * Investment in Business: * Financial Institution: ⓘ
Interes   Dollar amount invested in B   Name, City and State:

Home

Application

1 Contacts
   Location

Step 2: App

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Add a Row ▾   Edit Selected   Delete Selected

OFFICER/OWNERSHIP INFORMATION

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Home

Application

1 Contacts
   Location

Step 2: App

Application

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Add a Row ▾   Edit Selected   Delete Selected

OFFICER/OWNERSHIP INFORMATION

* **Source of Funds (SOF) Description:** ⑦   * **How is SOF Documentation Submitted?:** ⑦

Provide te source of investment   --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. A
granted by title or individual.

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

* **Authority Granted by:** You   **First Name:**   **Middle Name:**
must enter at least one
Signing Authority

--Select--   ▾

Last Name: **Suffix:**   **Title:**
                                  --Select--   ▾   --Select--   ▾

Title if Other: * **Source of Authority:**   ⑦   **Type of Board Meeti**
                                  --Select--   ▾   --Select--   ▾

Date of Meeting: * **Type:**   **If Limited, Signing A**
                          📅   --Select--   ▾   **Capacity:**

* **Effective Date:**   **Is this person authorized to prepare or review**   **Is this person autho**

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✕

must enter at least one Signing Authority

--Select--

Last Name:

Suffix:
--Select--

Title:
--Select--

Title if Other:

* Source of Authority: ❓
--Select--

Type of Board Meeti
--Select--

Date of Meeting:
📅

* Type:
--Select--

If Limited, Signing A Capacity:

* Effective Date:
📅

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

Is this person autho 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 al COLAs Online and/c Online account with
⚪ Yes ⚪ No

Phone Number:

Street:

City:

State:
--Select--

Zip:

Email Address:

‹   ›

Submit   Cancel

Home

Application

1   Contacts
   Location

Step 2: App

Application

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Showing 0-0 of 0
   Use Address   Use City   Use State   Use Zip
No records found.

Add a Row ▾   Edit Selected   Delete Selected

OFFICER/OWNERSHIP INFORMATION

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Step 2 : Application Information > Location, OfficerOwner Info

*indicates a required field.

Application Info

SHIP TO LOCATIONS

Select "Add a Row" if you will have a Central Receiving Area where spirits will be delivered. This area must be at the same location as the premises but may hold a different post office address.

List any additional "Ship to Locations" other than your current premises where spirits will be shipped to.

Showing 0-0 of 0

Ship to Permit Number	Ship to Official's Name	Ship to Company/Agency/Department Name	Ship to Address	Ship to City	Ship to State	Ship to Zip

No records found.

Add a Row ▾   Edit Selected   Delete Selected

ADDITIONAL USE LOCATIONS

Select "Add a Row" if you are a **State agency, political subdivisions** thereof, or the **District of Columbia** and will have multiple use locations. List the name of each building and addresses where the alcohol will be used. **Note:** The withdrawal amount listed on your permit will need to be sufficient to cover all additional locations.

List any additional "Use Locations" other than your current premises where spirits will be used.

Showing 0-0 of 0

Use Address	Use City	Use State	Use Zip

No records found.

Add a Row ▾   Edit Selected   Delete Selected

OFFICER/OWNERSHIP INFORMATION

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.

Showing 1-1 of 1

	How is Officer/Owner Info Submitted?	Officer/Owner Info Tracking No.	Officer/Owner Classification	EIN	First Name	Middle Name	Last Name	Suffix	Email Address	Primary Title	List Additional Titles	Title if Other	Description of Duties or Relation to the Proposed Operation	Company Name	Trust Name	Per Vot Sto Inte
☐	Electronically via Permits Online	OOI-	Individual		x	x			x@x.com	Owner/Sole Proprietorship			x			100

[Add a Row ▾]   [Edit Selected]   [Delete Selected]

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 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.

Showing 1-1 of 1

	Authority Granted by	First Name	Middle Name	Last Name	Suffix	Title	Title if Other	Source of Authority	Type of Board Meeting	Date of Meeting	Type	If Limited, 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?
☐	Name	x		x				Sole Owner			Unlimited		11/21/2017	Yes	Yes	Yes

[Add a Row ▾]   [Edit Selected]   [Delete Selected]

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.

Showing 0-0 of 0

https://www.ttbonline.gov/permitsonline/

Forms/Publications/Templates | TTB | Permits Online | Custom... | TTB Online- Permits Online...

File   Edit   View   Favorites   Tools   Help

U.S. Government Printing ...   TTB Sharepoint Site   TTB Web Phonebook   TTBWEB Home

Page ▾   Safety ▾   Tools ▾

[Add a Row ▾]   [Edit Selected]   [Delete Selected]

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Showing 0-0 of 0

First Name	Middle Name	Last Name	Suffix	Address	Phone Area Code	Phone	Phone Extension	Fax Area Code	Fax Number	Email	Type	If Limited, Specific Powers to be Conferred	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?	Is th pers auth to s forn for app

No records found.

[Add a Row ▾]   [Edit Selected]   [Delete Selected]

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.

Showing 0-0 of 0

Variance, Alternate Method, Special Permission Type	Description of Request

No records found.

[Add a Row ▾]   [Edit Selected]   [Delete Selected]

[Continue Application »]   Save and resume later: [ ]

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Step 3 : Business Information > Business Info & Documents

* indicates a required field.

Application Info

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 0-0 of 0

	Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB
No records found.

[Add a Row ▾] [Edit Selected] [Delete Selected]

Attachment

Click "Add" 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.

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.

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	Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB

No records found.

Add a Row ▾   Edit Selected   Delete Selected

Attachment

Click "Add" 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.

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

WARNING: After selecting all the files you wish to upload, click the FINISH button at the bottom of this screen.

Files can be up to 16 MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx html;htm;mht;mhtml are disallowed file types to upload.

Name	Type	Size	Date	Action

No records found.

Add

Continue Application »   Save and resume later: 🔲

[The screens that follow allow the user to review the submitted information and then submit the completed application to TTB.]

=== END ===