

# Permits Online (PONL): Application for New Specially Denatured Spirits – Dealer

As of 11/21/2017

The screenshot shows a web browser window displaying the TTB Permits Online (PONL) application 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". The user is logged in as "Michael Hoover" and has access to "Collections (0)", "Reports (16)", "Account Management", and "Logout".

The main navigation area includes tabs for "Home", "Alcohol Permits & Registrations", and "Tobacco Permits & Firearms Registration". Below these tabs are links for "Create a New Application" and "Search Your Applications".

The section "TTB's Permits Online Applications" contains the following text:

You may now create an original or amended application. Click here for a [description of application types](#) currently available.

You must read and accept the terms below before beginning your application.

Please "Allow Pop-ups from This Site" before proceeding.

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. The applicant must immediately notify the TTB official with whom this application is filed of any change in ownership, management, or control of the applicant (in the case of a corporation, any change in the officers, directors, or persons holding 10 percent or more of the corporate stock). The business for which this application is made

I have read and accepted the above terms.

[Continue Application »](#)

The browser's taskbar at the bottom shows the system time as 9:12 AM on 11/21/2017 and a zoom level of 100%.



Logged in as Michael Hoover | Collections (0) | Reports (16) | Account Management | Logout

- 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 »](#)



Logged in as Michael Hoover | Collections (0) | Reports (16) | Account Management | Logout

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

[Create a New Application](#) | [Search Your Applications](#)

### Application for New Specially Denatured Spirits - Dealer

- 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](#)



Logged in as Michael Hoover | Collections (0) | Reports (16) | Account Management | Logout

### Contact Information

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

Position/Title:

Business Name:  ?

Address:

\*City:  \*State:  \*Zip:

Country:

\*Primary Phone:  Alternate Phone:  Fax:

\*E-mail:

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### Business Headquarters

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

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Save and resume later:



If you have difficulty accessing any information in the site due to a disability, please contact us via email ([Permits.Online@ttb.gov](mailto: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.

**WARNING! THIS SYSTEM IS THE PROPERTY OF THE UNITED STATES DEPARTMENT OF TREASURY. UNAUTHORIZED USE OF THIS SYSTEM IS STRICTLY PROHIBITED AND SUBJECT TO CRIMINAL AND CIVIL PENALTIES. THE DEPARTMENT MAY MONITOR, RECORD, AND AUDIT ANY ACTIVITY ON THE SYSTEM AND SEARCH AND RETRIEVE ANY INFORMATION STORED WITHIN THE SYSTEM. BY ACCESSING AND USING THIS COMPUTER YOU ARE AGREEING TO ABIDE BY THE TTB RULES OF BEHAVIOR, AND ARE CONSENTING TO SUCH MONITORING, RECORDING, AND INFORMATION RETRIEVAL FOR LAW ENFORCEMENT AND OTHER PURPOSES. USERS SHOULD HAVE NO EXPECTATION OF PRIVACY WHILE USING THIS SYSTEM.**

### Business Headquarters

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Business  
Legal B  
their g

Mailing

Officer  
as an o  
applicat

Auto F  
Contine

#### Contact Information

\*Business Name:  ?      \*Employer Identification Number:  ?

Address:

\*City:       \*State:       \*Zip:

Country:

\*Primary Phone:       Alternate Phone:       Fax:

E-mail:

     [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](mailto:Permits.Online@ttb.gov)) and we will do our best to make the information available to you.



Logged in as Michael Hoover | Collections (0) | Reports (16) | Account Management | Logout

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

[Create a New Application](#) | [Search Your Applications](#)

### Application for New Specially Denatured Spirits - Dealer

- 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:

Unit Type:  Unit No.:

Rural Address:  ?

Other Address:  ?

\* City:  \* State:  \* Zip:  County:

\* Premise Contact Name:  \* Premise Phone Number:

[Continue Application >](#)

Save and resume later:

### Application for New Specially Denatured Spirits - Dealer

- 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

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.

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Auto Fill New

Continue Application »

Save and resume later:



### Application for New Specially Denatured Spirits - Dealer

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

**Step 1 Contact Information**

Business Name:

First Name:  Middle Name:  Last Name:

\* Address:

P.O. Box:

\* City:  \* State:  \* Zip:

Country:

Primary Phone:  Alternate Phone:  Fax:

E-mail:

Auto Fill

Save and resume later:

Application for New Specially Denatured Spirits - Dealer

- 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

SDS DEALER OPERATION INFO  
Specially Denatured Alcohol Dealer Operation Information

\* Give the estimated withdrawal amount of specially denatured spirits measured in wine gallons you intend to use annually?:

\* Purpose for which spirits will be used:

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

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:

### 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:

Doing Business As:

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

State Where Incorporated:

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

Date of Change: \*

[Continue Application >](#)

Save and resume later:





Logged in as Michael Hoover | Collections (0) | Reports (16) | Account Management | Logout

**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, 1 and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

\* How is Officer/Owner Info Submitted?: **You must enter at least one Owner or Officer**

Officer/Owner Info Tracking No.:

\* Officer/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:

\* Percent Voting-Stock-Interest:

\* Investment in Business:

\* Financial Name, City, State:

| 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 | Percent Voting-Stock-Interest | Investment in Business | Financial Name, City, State |
|--------------------------------------|---------------------------------|------------------------------|-----|------------|-------------|-----------|--------|---------------|---------------|------------------------|----------------|-------------------------------------------------------------|--------------|------------|-------------------------------|------------------------|-----------------------------|
| No records found.                    |                                 |                              |     |            |             |           |        |               |               |                        |                |                                                             |              |            |                               |                        |                             |



Logged in as Michael Hoover | Collections (0) | Reports (16) | Account Management | Logout

Home

Application

1 Contacts Location

Step 2: Application

Application

SHIP TO LOCATION

Select \*Add a location to hold a different address. List any additional addresses.

Showing 0-0 of 0 Ship to Locations. No records found.

Add a Row

OFFICER/OWNER

Important!! Owner Information

This information is required for Member as well as for the application.

Showing 0-0 of 0 Officer/Owner Information. No records found.

First Middle Last Name Name Name Suffix Email Address Primary Title List Additional if Titles Title Other Description of Duties or Relation to the Proposed Operation Company Name Trust Name Percent Stock Interest Inves-Busi

Suffix: --Select--  
 List Additional Titles:  
  
 Company Name:  
  
 Trust Name:  
  
 Email Address:  
  
 Title if Other: ?  
  
 Stock-Interest:  
  
 \* Investment in Business:  
  
 \* Financial Institution: ?  
 Name, City and State:  
  
 s (SOF) Description: ?  
  
 \* How is SOF Documentation Submitted?: ?  
 --Select--

| How is Officer/Owner Info Submitted? | Officer/Owner Info Tracking No. | Officer/Owner Classification | Officer/Owner EIN | First Name | Middle Name | Last Name | Suffix | Email Address | Primary Title | List Additional if Titles | Title Other | Description of Duties or Relation to the Proposed Operation | Company Name | Trust Name | Percent Stock Interest | Inves-Busi |
|--------------------------------------|---------------------------------|------------------------------|-------------------|------------|-------------|-----------|--------|---------------|---------------|---------------------------|-------------|-------------------------------------------------------------|--------------|------------|------------------------|------------|
| No records found.                    |                                 |                              |                   |            |             |           |        |               |               |                           |             |                                                             |              |            |                        |            |



### 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, 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 before you can register for these systems.

**\* Authority Granted by: You must enter at least one Signing Authority**

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?:  Yes  No

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

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

Is this person authorized to air COLAs Online and/or Online account with approval?:  Yes  No

Home

Application

1 Contacts Location

Step 2: Application

Application

SHIP TO LOCATION

Select "Add a Row" to hold a different location. List any additional locations.

Showing 0-0 of 0 records found.

Add a Row

OFFICER/OWNER

Important!! Owner Information

This information is required for all members as well as for all officers/owners.

Showing 0-0 of 0 records found.

| How is Officer/Owner Info Submitted? | Officer/Owner Info Tracking No. | Officer/Owner Classification | Officer/Owner EIN | First Name | Middle Name | Last Name | Suffix | Email Address | Primary Title | List Additional Titles | Title Other | Description of Duties or Relation to the Proposed Operation | Company Name | Trust Name | Percent Stock Interest | Investment Business |
|--------------------------------------|---------------------------------|------------------------------|-------------------|------------|-------------|-----------|--------|---------------|---------------|------------------------|-------------|-------------------------------------------------------------|--------------|------------|------------------------|---------------------|
| No records found.                    |                                 |                              |                   |            |             |           |        |               |               |                        |             |                                                             |              |            |                        |                     |

### Application

1 Contacts Location

### Step 2: App

### Application

### SHIP TO L

Select "Add a Row" to hold a different List any additional

Showing 0-0 Ship to No records found

Add a Row

### OFFICER/O

Important!! Own

This information Member as we

Showing 0-0

| How is Officer/Owner Info Submitted? | Officer/Owner Info Tracking No. | Officer/Owner Classification | Officer/Owner EIN | First Name | Middle Name | Last Name | Suffix | Email Address | Primary Title | List Additional if Other | Title or Relation to the Proposed Operation | Company Name | Trust Name | Percent Voting Stock | Investment in Business Interest |
|--------------------------------------|---------------------------------|------------------------------|-------------------|------------|-------------|-----------|--------|---------------|---------------|--------------------------|---------------------------------------------|--------------|------------|----------------------|---------------------------------|
|--------------------------------------|---------------------------------|------------------------------|-------------------|------------|-------------|-----------|--------|---------------|---------------|--------------------------|---------------------------------------------|--------------|------------|----------------------|---------------------------------|

No records found.

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 0-0 of 0

**Title if Other:**

**Date of Meeting:**

**\* Source of Authority:** --Select--

**\* Type:** --Select--

**Type of Board Meeting:** --Select--

**If Limited, Signing A Capacity:**

**\* Effective Date:**

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

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

**Does this person air COLAs Online and/c Online account with:**  Yes  No

**Phone Number:**

**Street:**

**City:**

**State:** --Select--

**Zip:**

**Email Address:**

quired field.

es but may

Ship to Zip

Managing

**Application for New Specially Denatured Spirits - Dealer**

1 [Contacts & Location](#) 2 **Application Information** 3 [Business Information](#) 4 [Review and Submit](#) 5 [Record Submittal](#)

**Step 2: Application Information > Location, Officer/Owner 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](#)

**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 if Other Titles | Title | Description of Duties or Relation to the Proposed Operation | Company Name | Trust Name | Per Stc Int |
|------------------------------------------------------------|---------------------------------|------------------------------|-----|------------|-------------|-----------|--------|---------------|---------------------------|---------------------------------|-------|-------------------------------------------------------------|--------------|------------|-------------|
| <input type="checkbox"/> 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.



### SIGNING AUTHORITY

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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 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 review labels for formula approval? | Is this person authorized to prepare or submit review labels for formula submissions? |
|--------------------------|------------|-------------|-----------|--------|----------------|---------------------|-----------------------|-----------------|-----------|----------------------------------------|----------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Name       | x           | x         |        |                | Sole Owner          |                       |                 | Unlimited |                                        | 11/21/2017     | Yes                                                               | Yes                                                                     | Yes                                                                                   |

### 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

| 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 review labels for formula approval? | Is this person authorized to prepare or submit review labels for formula submissions? |
|-------------------|-------------|-----------|--------|---------|-----------------|-------|-----------------|---------------|------------|-------|------|---------------------------------------------|----------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| No records found. |             |           |        |         |                 |       |                 |               |            |       |      |                                             |                |                                                                   |                                                                         |                                                                                       |

### 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

| First Name | Middle Name | Last Name | Suffix | Address | Area Code | Phone Code | 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 review formula submissions? | Is this person authorized to submit form for app |
|------------|-------------|-----------|--------|---------|-----------|------------|-----------------|---------------|------------|------------|---------------------------------------------|----------------|-------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
|------------|-------------|-----------|--------|---------|-----------|------------|-----------------|---------------|------------|------------|---------------------------------------------|----------------|-------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|

No records found.

< [Progress Bar] >

[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:



If you have difficulty accessing any information in the site due to a disability, please contact us via email ([Permits.Online@ttb.gov](mailto: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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### Application for New Specially Denatured Spirits - Dealer

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

#### 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.

#### 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: [icon]

https://www.ttbonline.gov/permitsonline/ TTBWEB Home TTB | Permits Online | Custom... TTB Online- Permits Online... x

File Edit View Favorites Tools Help

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

Page Safety Tools

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

Logged in as **Michael Hoover** | Collections (0) | Reports (16) | Account Management | Logout

[Home](#) [Alcohol Permits & Registrations](#) [Tobacco Permits & Firearms Registration](#)

[Create a New Application](#) | [Search Your Applications](#)

**Application for New Specially Denatured Spirits - Dealer**

1 [Contacts & Location](#) 2 [Application Information](#) **3 [Business Information](#)** 4 [Review and Submit](#) 5 [Record Submittal](#)

**Step 3: Business Information > Declare & Acknowledge** \* indicates a required field.

**Application info**

**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.

\* 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:

UNITED STATES DEPARTMENT OF THE TREASURY

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

https://www.ttbonline.gov/permitonline/Cap/CapEdit.aspx?stepNumber=4&pageNumber=1&currentStep=2&currentPage=0&Module=Alcohol&isRenewal=N&isFromShoppingCart=&isFromConfirmPage=N,N,N,N&confirmStepNumber=0&isFromConfirmPage=N&FilterName=CREATE%20ALC 100%

9:06 AM 11/21/2017

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

=== END ===