

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

As of 11/21/17

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

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

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TTB's Permits Online Applications

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 »](#)

UNITED STATES

https://www.ttbonline.gov/permitsonline/Welcome.aspx#

100%

12:51 PM
11/21/2017



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- Home
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- Tobacco Permits & Firearms Registration

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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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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



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Contact Information

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name: ?

Address:

*City: *State: *Zip:

Country:

*Primary Phone: Alternate Phone: Fax:

*E-mail:

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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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) 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.

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Business
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Contin

Contact Information

*Business Name: ? *Employer Identification Number: ?

Address:

*City: *State: *Zip:

Country:

*Primary Phone: Alternate Phone: Fax:

E-mail:

 [Discard Changes](#)



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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
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- 3 Business Information
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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:
<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"/>				

Continue Application »

Save and resume later:

Application for New Tax Free Alcohol User

- 1 Contacts & Location
- 2 Application Information
- 3 Business Information
- 4 Review and Submit
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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:

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 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:



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

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Application for New Tax Free Alcohol User

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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:

APPLICATION INFORMATION

* Type of Organization:

Doing Business As/Operating Name:

* 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: *

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:

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 >](#)

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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, 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 --Select--	Officer/Owner Info Tracking No.: []	* Officer/Classific --Select--
EIN: []	First Name: []	Middle N []
Last Name: []	Suffix: --Select--	Email Ad []
Primary Title: --Select--	List Additional Titles: []	Title if O []
* Description of Duties or Relation to the Proposed Operation: []	Company Name: []	Trust Na []
* Percent Voting-Stock-Interest: <i>Percentage of Stock Interest</i>	* Investment in Business: <i>Dollar amount invested in E</i>	* Financi Name, Ci

Home

Application

1 Contacts Location

Step 2: App

Application

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OFFICER/OWNERSHIP INFORMATION



OFFICER/OWNERSHIP INFORMATION

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

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

Owner Info First Name: <input type="text"/> Suffix: <input type="text"/> List Additional Titles: <input type="text"/> Company Name: <input type="text"/> Block-Interest: <input type="text"/> Investment in Business: <input type="text"/> Financial Institution: <input type="text"/>	Officer/Owner Info Tracking No.: <input type="text"/> Officer/Owner Classification: <input type="text"/> Middle Name: <input type="text"/> Email Address: <input type="text"/> Title if Other: <input type="text"/> Trust Name: <input type="text"/>
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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 Ship to Locations. No records found.

Add a Row

ADDITIONAL LOCATIONS

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

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

Add a Row Edit Selected Delete Selected

OFFICER/OWNERSHIP INFORMATION



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

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: <input type="text"/>	Middle Name: <input type="text"/>
<input type="text" value="--Select--"/>	Suffix: <input type="text" value="--Select--"/>	Title: <input type="text" value="--Select--"/>
Last Name: <input type="text"/>	* Source of Authority: <input type="text" value="--Select--"/>	* Type of Board Meeti: <input type="text" value="--Select--"/>
Title if Other: <input type="text"/>	* Type: <input type="text" value="--Select--"/>	If Limited, Signing A Capacity: <input type="text"/>
Date of Meeting: <input type="text"/>	Is this person authorized to prepare or review	Is this person autho

* Effective Date:

Home

Application

1 Contacts Location

Step 2: App

Application

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No records found.

Add a Row Edit Selected Delete Selected

OFFICER/OWNERSHIP INFORMATION



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must enter at least one Signing Authority

<input type="text"/>	<input type="text"/>	<input type="text"/>
--Select--		
Last Name: <input type="text"/>	Suffix: --Select--	Title: --Select--
Title if Other: <input type="text"/>	* Source of Authority: --Select--	Type of Board Meeti: --Select--
Date of Meeting: <input type="text"/>	* Type: --Select--	If Limited, Signing A Capacity: <input type="text"/>
* Effective Date: <input type="text"/>	Is this person authorized to prepare or review label submissions?: <input type="radio"/> Yes <input type="radio"/> No	Is this person autho labels for approval?: <input type="radio"/> Yes <input type="radio"/> No
Is this person authorized to prepare or review formula submissions?: <input type="radio"/> Yes <input type="radio"/> No	Is this person authorized to submit formulas for approval?: <input type="radio"/> Yes <input type="radio"/> No	Does this person air COLAs Online and/c Online account with: <input type="radio"/> Yes <input type="radio"/> No
Phone Number: <input type="text"/>	Street: <input type="text"/>	City: <input type="text"/>
State: --Select--	Zip: <input type="text"/>	Email Address: <input type="text"/>

Submit Cancel

OFFICER/OWNERSHIP INFORMATION



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Application for New Tax Free Alcohol User

- 1 Contacts & Location
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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

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

<input type="checkbox"/>	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	Description of Duties or Relation to the Company	Trust Name	Company Name	Trust Name	Ownership Percentage
<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.

Showing 1-1 of 1

<input type="checkbox"/>	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 approval?	Is this person authorized to prepare or review formula submissions?
<input type="checkbox"/>	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

< Add a Row Edit Selected Delete Selected >

POWER OF ATTORNEY INFORMATION

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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 prepare or review formula submissions?	Is this person authorized to sign for app
No records found.																

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.	

No records found.

Add a Row Edit Selected Delete Selected

Continue Application »

Save and resume later:



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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

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Application for New Tax Free Alcohol User



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.

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

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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.

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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:



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

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U.S. Department of the Treasury

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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 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.

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: !\[\]\(8cdef2a052c444efca7a7d8fd10f349a_img.jpg\)](#)

UNITED STATES DEPARTMENT OF THE TREASURY 

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

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

=== END ===