



Overview

- What is a Distilled Spirits Plant (DSP)?
- Things to Consider Before you Apply
- Regulations Governing DSP Activities
- Required Forms and Documents
- · Review of Forms

What is a Distilled Spirits Plant?



Distilled Spirits Plant

 An establishment where distilled spirits are manufactured, aged, or stored, packaged or bottled and sold or marketed, for beverage (non-industrial) or industrial use.





DSP (Cont'd)

 A DSP cannot be located in a dwelling house or in any shed, yard, or enclosure connected with a dwelling house. (27 CFR 19.131)

Alcohol and Tobacco Tax and Trade Bureau

Things to Consider Before You Apply



Did You Know?

- Building Construction
 - Must be <u>adequate</u> and <u>secure</u> to protect the revenue
- Right of Entry
 - TTB has Right of Entry onto DSP premises
- Facilities & Assistance
 - You must supply this to TTB Officers

Alcohol and Tobacco Tax and Trade Bureau



How About Your Cash Flow?

- Is it sufficient for operations?
 - To buy raw materials
 - Meet your payroll
 - Meet fixed expenses
 - Timely file returns and pay taxes
 - Pay premiums on DSP bond
- If bond coverage CANCELLED:
 - = CAN'T OPERATE / DOORS CLOSE!
 - = EXCISE TAX IMMEDIATELY PAYABLE!



Consider This...

- · Product Standards of Identity
 - Regulated
- · Formula Approval Required
 - Required if products vary from standards
- Label Approval
 - Required
- Bottle Sizes
 - Standardized
- Case/Packaging Marking
 - Regulated

Alcohol and Tobacco Tax and Trade Bureau



Paperwork

- Keep Daily Records of operations (as authorized by your permit):
 - Production Account
 - Storage Account
 - Processing Account



Gauging 27 CFR 19.91

- You have to gauge spirits when:
 - Received and/or produced
 - Transferred between accounts
 - Mixing spirits and/or reducing proof
 - Returned to bond
 - Destroyed
- Equipment must be certified to be accurately calibrated

Alcohol and Tobacco Tax and Trade Bureau



More Paperwork

- Monthly Reports filed (as qualified)
 - Monthly Report of Production
 - Monthly Report of Storage (four versions)
 - Monthly Report of Processing
 - Monthly Report of Processing (Denaturing)



Tax Returns

- Excise Tax Returns
 - Semi-monthly or Quarterly
 - Filed every tax period, even if no tax due
- Special Tax Registration and Return
 - Must file as an Annual Registration
 - No Special Tax due for DSPs

Alcohol and Tobacco Tax and Trade Bureau

Regulations Covering DSPs



Regulations

- Code of Federal Regulations
- Federal Alcohol Administration Act (FAA Act)
- See the "Research Resources" box on the www.TTB.gov homepage



Revenue Protection

Industry Compliance

Consumer Protection

Alcohol and Tobacco Tax and Trade Bureau



Code of Federal Regulations

- Part 1 Basic Permit Requirements
- Part 5 Labeling and Advertising
- Part 19 Distilled Spirits Plants
- Part 26 Liquors and Articles from Puerto Rico and Virgin Islands
- Part 27 Importation of Spirits, Wine and Beer
- Part 28 Exportation of Liquors
- Part 30 Gauging Manual

Required Forms and Documents



Beverage DSP Application Forms

- Application for an FAA Basic Permit TTB F 5100.24
- Registration TTB F 5110.41
- Signing Authority TTB F 5000.8 or TTB F 5100.1
- Distilled Spirits Bond TTB F 5110.56
- Environmental Information TTB Form 5000.29
- Water Quality Considerations TTB Form 5000.30
- Application for Transfer of Spirits TTB F 5100.16
- Personnel Questionnaires TTB F 5000.9
- Organizational Documents
- State Registration

				OMB NO. 1513-0018 (07/31/2008)	
		RTMENT OF THE TRE			
	BASIC PERMIT U		RAL ALCOHOL	ADMINISTRATION ACT	
FULL NAME AND PREMISES A	DDRESS			LOYER IDENTIFICATION NUMBER (EIN) la! Security number is not acceptable)	
			4. OPEI	RATING NAME (DBA), If any	
TELEPHONE NUMBER State in which organized for Corpor	utions and Limited Liability	Companies (LLC):			
2. MAILING ADDRESS (If differen		carryania (ana).	5. LABE	ELING TRADE NAME(S), If any	
6. BUSINESS(ES) TO BE CONDU					
a. DISTILLED SPIRITS PLA	NT (BEVERAGE)	c.	IMPORTING INTO TH	E UNITED STATES	
WAREHOUSING AND	BOTTLING DISTILLED	SPIRITS	DISTILLED SPIRI WINE		
	TIFYING) DISTILLED SPII	RITS AND WINE	MALT BEVERAGE	ES	
b. BONDED WINE PREMIS PRODUCING AND B	ES ENDING WINE	₫.□	PURCHASING FOR F	RESALE AT WHOLESALE	
BLENDING WINE			DISTILLED SPIRI WINE MALT BEVERAGE	re.	
 or while so engaged, sell, offer, produced, rectified, blended or b	or deliver for sale, contract ottled, warehoused and bo	t to sell, or ship in interstati ottled, imported or purchas	or foreign commerce ad for resale at wholesi	the alcoholic beverages so distilled ale.	
 7. REASON FOR THE APPLICATE					
 a. NEW BUSINESS Anticipated start date 		c. 🗀	CHANGE IN OWNERS Date of Change	SHIP	
			Name, address and pe	ermit number(s) of predecessor	
b. CHANGE IN CONTROL	(Actual or legal)				
Submit Basic Permit(s) w Date of Change	in this application.				
9. OWNER INFORMATION (List s	ole owner, all general part	des, LLC members/manage	rs, corporate officers a	and directors, and shareholders with more	
than 10% voting stock. Each lis	tea person must also tum	isn the information in item	9.)		
NAME	TITLE	% VOTING/STOCK/INTERS			
		(if applicable)	BUSINESS (N	em 6) (savings, loans, gift or specify other)	
			+		
 			_		
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SHEET INFORMATION (as specifie	for Item 9) FOR EACH	PERSON OR BUSINESS	AND STATE THE EXT	D ABOVE, PROVIDE ON A SEPARATE ENT AND MANNER OF THE CONTROL.	
9. COMPLETE FOR EACH PERSO					
 a. FULL GIVEN NAME			CIAL SECURITY OR EMP		
	YES NO				
	ER NAMES USED (Malo	den name, nicknames, etc.	1		
 MALE FEMALE	T FAIT VEADS				
g. RESIDENCE(S) OVER THE LAS	FIVE TEAKS				
TTB F 5100.24 (5/2005)					

a. FULL GIVEN NAME	b. DATE AND PLACE OF	c. SOCIAL SECURITY OR EMPLOYER	d. ARE YOU A U.S. CITIZEN?
	BIRTH	DENTIFICATION NUMBER	YES NO
	S USED (Maiden name, nicknar	nes, etc.)	
g. RESIDENCE(S) OVER THE LAST FIVE YEA	ARS		
a. FULL GIVEN NAME	b. DATE AND PLACE OF	c. SOCIAL SECURITY OR EMPLOYER	d. ARE YOU A U.S. CITIZEN?
	BIRTH	DENTIFICATION NUMBER	YES NO
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MALE FEMALE 1. OTHER NAMES	S USED (Malden name, nicknar	nes, etc.)	
g. RESIDENCE(S) OVER THE LAST FIVE YEA	ARS		
10. HAS THE APPLICANT OR ANY PERSON TION TO ENGAGE IN ANY BUSINESS T			
nonbeverage) BY ANY GOVERNMENT A ZATION REVOKED, SUSPENDED OR O	GENCY (Federal, State, local of	r fareign) OR HAD SUCH PERMIT, LI	CENSE OR OTHER AUTHORI-
YES. State details of each event on	a separate sheet. NO		
 HAS THE APPLICANT OR ANY PERSON OF ANY CRIME UNDER FEDERAL, STAT 			
Federal or State law. YES. State details of each event on	a separate sheet. NO		
TTB MAY REQUIRE additional information to	o process this application. If		
bonded wine premises, you must also file addit PERMIT. Criminal and administrative actions pursuant to an FAA Act basic permit.			
APPLICANT'S AFFIRMATION. Under penaltic to the best of my knowledge and belief, it is tru	es of perjury, I declare that I have	re examined this application, including	accompanying statements, and
tion is filed of any change in ownership, manage persons holding 10 percent or more of the corp.	gement, or control of the applica	nt (in the case of a corporation, any chi	inge in the officers, directors, or
which the business will be conducted. In addit time and maintain such operations in conformit	ion, if this application is approve		
12. APPLICANT'S SIGNATURE (Sale owner,	, partner, corporate 13.	TITLE OF PERSON SIGNING	14. DATE
officer, LLC member or manager, or if desig TTB F 5000.8)	gnated agent, submit		
15. E-MAIL (INTERNET) ADDRESS (optional	ŋ:		
-			TTB F 5100.24 (5/2005)
			.101-0100.24 (3/2003)

DEPARTMENT OF THE TREASU	DV	OMB No. 1513-0048 (9/30/2009) 1. SERIAL NUMBER (Begin with *1"	
ALCOHOL AND TOBACCO TAX AND TRADE BU		for original registration)	
REGISTRATION OF DISTILLED SPIR			
(Prepare in duplicate. See instructions below	v.)	2. EIN	
PART I - APPLICATION			
 TO: DIRECTOR, NATIONAL REVENUE CENTER, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU 		5. PLANT NUMBER	
 NAME AND PRINCIPAL BUSINESS ADDRESS OF APPLICANT (Hame and steed, by, county, Steel, and 2P good, it ural address, show county, name or number of highway, approximate distance and direction from applicant's post office, and 21P code.) 	 PLANT ADDRESS (If different diffe	int from address in Item 5)	
OPERATIONS TO BE CONDUCTED (Check applicable boxes) DISTILLER WAREHOUSEMAN PROCESSOR WHO: DENATURES BOT PURPOSE FOR WHICH FILED (Such as original registration, exter-changes)		TURES ARTICLES oment, etc. Give brief description of	
10. This application includes. (1) this form. (2) the papers and document which are listed in flems 9A and 9B. (3) the current papers are Serial No. , which are listed in flems 9A-1 and 9B-1; with amother establishment but in econoprotein in this application by r 10A. PAGES ATTACHED TO THIS FORM.	ind documents of the latest appro and (4) the supporting organizati eference, and listed below in Item	ved Form TTB 5110.41, onal documents filed in connection	
108. ORGANIZATIONAL DOCUMENTS ATTACHED TO THIS FORM: (List each document)	10B-1, ORGANIZATIONAL DOC APPROVED FORM TTB F	UMENTS FILED WITH PRIOR 5110.41: (List each document)	
TOC. ORGANIZATIONAL DOCUMENTS FLED IN CONNECTION WITH TION BY REFERENCE. (List each document, and show the name of the connection of the c		T INCORPORATED IN THIS APPLICA-	
Under penalties of perjury, I declare that I have examined this application, documents incorporated in the application by reference, and to the best of			
11. SIGNATURE	12. TITLE		
 DADT II NOTICE	OF REGISTRATION		
	OF REGISTRATION		
Registration is approved, effective SIGNATURE AND TITLE OF TTB OFFICIAL, ALCOHOL AND TOBACCO	TAX AND TRADE BUREAU	DATE	
TTB F 5110.41 (07/2007)		-	

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notice of registration current and complex. When a straight property property is a possible of the property property property and the property prop	warehouseman, processor, or any combination thereof, may be executed in the corporate name, followed by the signature and title or the person authorized to act for the corporation.	
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control number. TTR F.5140.41.07(2007)	An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.	

REGISTRATION OF DISTILLED SPIRIT	TS PLANT							
(To be attached toTTB F 5110.4 with	Each Page Sequentially Numbered & Dated,							
1(a) – List of Applicants Permits Name of Surety Co Type of Bond & Penal Sum Statement of Maximum P.G.'s produced, stored on or in transit to bonded premises	19.152(e) 19.152(i)							
(b) – List of offices authorized by Art. of Incorporation or action of board of directors to granting authority to act for & sign for the entity.	19.152(f)							
1(c) – Statement re type of business, persons interested.	19.152(c) <u>& 19.167</u>							
1(d) – Description of DSP	19.152(g) & 19.168							
1(e) – List of Equipment	19.152(h) & 19.166							
1(f) – Cert. Statement of Acct. Records	19.152(j)							
1(g) – Statement of Physical Security Statement of Locks	19.152(k) & 19.153 19.153(4) & <u>19.281</u>							
1(h)(L)-(1) Statement of Operations of Distiller (a) daily producing capacity (b) production procedure	19.152(L)(i) 19.152(L)(ii) & <u>19.170</u>							
(2) Statement of Operations of Warehouseman (a) Description of BULK STORAGE in wine gallons	19.152(I)(2) 19.152(2)(i)-(ii)							
(3) Statement of Operations of a Processor (a) bottling operations will/will not be conducted. (b) denaturing will/will not be conducted (c) articles will/will not be manufactured (d) spirits will/will not be redistilled (e) description of storage of bottled/packaged spirits	19.152(3)(i)-(v) (i) (ii) (iii) (iv)							
(4) Description of Other Business	19.152(L)(4)							

			OMB No. 1513-0014 (10/31/0
ALCOHOL	POWER OF A	AND TRADE BUREAU (1 TTORNEY	TTB)
PRINCIPAL (Name of Partnership, Corporation, Assolindividual)	ociation, Estate, or 2.		NGAGED
3. ADDRESS (Number, Street, City, State, ZIP Code), TE	ELEPHONE NUMBER,	AND E-MAIL ADDRESS	
TAXPAYER IDENTIFICATION NUMBER (Employer Number or Social Security Number)	Identification 5.	PERMIT NUMBER / REG	HISTRY NUMBER (If applicable)
NAME AND TELEPHONE NUMBER OF APPOINTE	D ATTORNEY		
7. ADDRESS (Number, Street, City, State, and ZIP Co.	ide)		
The above named principal, engaged in the business	s shown, has appointed	i the above named attorne	y to: (See Instruction 2)
The power is to apply to the following. (If authority is Products Factory, Totacco Export Waterbouse, etc., are	and address and registry	number; or, if a Wholesale	Liquor Dealer, SDA, or Tax-Free Alcohol User;
or if this Power of Attorney may be used for manufact			
10. SIGNATURE OF APPOINTED ATTORNEY			
11. SIGNATURE IF PRINCIPAL IS INDIVIDUAL (Signal	EXECUTION (See ture of Principal)	Instruction 3)	DATE
12. SIGNATURE IF PRINCIPAL IS PARTNERSHIP, LIMITED L CORPORATION, LIMITED LIABILITY COMPANY (LLC), O Under penalties of peluly, I declare that I have the such	ture of Principal) LIABILITY PARTNERSHIP IR ASSOCIATION	(LLP), ESTATE,	Seal of Corporation, Association, or LLC (A corporation, association or LLC will impress their seal below if they have one. If there is
12. SIGNATURE IF PRINCIPAL IS PARTNERSHIP, LIMITED LA CORPORATION, LIMITED LABBUTY COMPANY (LLC), O Under penalties of perjury, I declare that I have the authority principal. Signature	ture of Principal) LIABILITY PARTNERSHIP R ASSOCIATION. y to execute this power of Title	O(LLP), ESTATE, attorney on behalf of the Date	Seal of Corporation, Association, or LLC (A corporation, association, or LLC will impress their seal below if they have one. If there is no seal, provide a resolution by the board of directors or organizationally
22 SIGNATURE IF PRINCIPAL IS PARTNERSHIP LIMITED LOOPORATION, LIMITED LABURITY COMPANY (L.C.) O Under practice of partury, I declare that I have the authority principal. Signature Signature	ture of Principal) LIABILITY PARTNERSHIP IR ASSOCIATION. by to execute this power of Title Title	P (LLP), ESTATE, attorney on behalf of the Date	Seal of Corporation, Association, or LLC (A corporation, association or LLC will impress their seal below if they have one. If there is no seal, provide a resolution by the board of
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ALCOHOL A	OMB No. 1513-0036 (11/30/2019) ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) SIGNING AUTHORITY FOR COPPORATE AND LIC OFFICIALS						
NAME AND COMPLETE ADDRESS OF CORPORATI		COMPLETE APPLICABLE INFORMATION					
		CHECK IF YOU ARE A NEW APPLICANT					
		REGISTRY/PERMIT NO.					
BOARD MEETING		DATE OF MEETING					
DIRECTORS TRUSTEES MANA	AGERS GOVERNORS	DATE OF MEETING					
I certify that this is true and complete and that the about	ve authorization was granted at the cited	CORPORATE/LLC SEAL					
meeting of the board.	PRINTED NAME						
SIGNATURE	THE PARTY OF THE P						
	1						
TITLE	DATE	NO SEAL. (If no seal, attach a resolution or meeting minutes that support the authority(les) identified above.)					
	INSTRUCTIONS	I was softboar are assurable of meanings around.					
ink by a connorate LLC official and he embosed with the behalf of the connorate or being his name. If the and authorization will not be needed each time a change of a certain area of expertise or specific document area of expertise or specific document on the name of the control or position of the connorate of the connorate or specific documents or position of the connorate of the connorate or position of the connorate or the connorate of the c	Prepare and submit to the Director, National Reviewine Center, Alcohol and Tolacco Tax and Trade Bureau, in displicate. Each copy must be signed in mix by a compostatical. Conficial and the includes death the compostable. Call feeling in the internal power and the internal composition of the compo						
hours per respondent or recordkeeper depending on it gestions for reducing this burden should be addressed and Trade Bureau, Washington, DC, 20220. An ager	hours per respondent or recordisagent depending on individual crounstances. Committies concerning the accuracy of this burden estimate and suggestions for outledge that burden estimate the accuracy of the burden estimate and suggestions for outledge that burden estimate and suggestions for outledge that burden estimates and suggestions and control of the outledge to the suggestion of the outledge to the outledge to the suggestion of the outledge to the						
TTR E 5100 1 (13/3007)							

DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU DISTILLED SPIRITS BOND (See instructions on Page 4) PRINCIPAL/OBLIGOR (See instructions 2, 3, and 4.) ADDRESS OF BUSINESS OFFICE (Number, Street, City, State, ZIP Co							TYPE OF BOND PER 26 U.S (Check applicable box 1, 2, 3 1. OPERATIONS (Se	(, OR 4) slect (a), (b), or (c) below) T BOND WINE CELLAR BOND D PRODUCER BOND	
EIN:	Τ_	П					SUPERSEDING AMOUNT OF BOND	EFFECTIVE DATE	
BOND CATEGOR	(Select of select	only one ca	tegory (i.e.	'Surety,'	Cash, or 7	reasur	/ Note/Bond') and complete co	rresponding items to right	
SURETY:	SURET	rion) TY NAME NUMBER							
☐ CASH	CHECK	K NUMBER	(S) (i.e. per	sonal che	ck, cashier	's chec	k, money order, etc.)		
 TREASURY NOTE/BOND*		BOND CUS	SIP NO.				NOTE/BOND INTEREST RAT		
**This bond is secu- proceeds from the notifies TTB in warequests this bo BOND EXECUTIO Witness our hands	NOTE/I red by the re T-Note riting at le ad be term	e Treasury described east 45 day ninated.	above. T-N	-Note) de	eral reinves	tment:			
SURETY NAME	anu seals	ouits	aay or		PRINCIP		Signed, sealed and deli IGOR NAME		
					BY: PRINCIP.	AL/OBI	IGOR REPRESENTATIVE'S		
SURETY REPRES	ENTATIV	E SIGNATI	URE		PRINCIPAL/OBLIGOR REPRESENTATIVE'S PRINTED NAME/TITLE				
SURETY REPRES	ENTATIV	E PRINTEI	D NAME &	TITLE	SIGNATURE, WITNESS 1 (If no seal)				
				SIGNATURE, WITNESS 2 (If no seal)					
Impress Surety Seal					State in w	rincipa or sele	S/PARTNERSHIPS, OR LLC incipal/Obligor organized: I/Obligor's corporate or tt he checkbox below ation/LLC has no seal.	Principal/ Obligor Seal	
TTB F 5110.56 (12	(2007)				PAGE 1	DF 4			

PRINCIPAL/OBLIGOR			DATE			
NAME AND PREMISES ADDRESS	REGISTRY NUMBER	OPERATIONS COVERAGE (State activities at each premises and the amount of coverage for such activities.)	WITHDRAWAL COVERAGE (State amount allocated to each premises (distilled spirits plant(s) only) and total amount.)			
		AMOUNT OF OPERATIONS COVERAGE	WITHDRAWAL COVERAGE TOTAL			
Alterations made on this bond before and af			District Mobiles			
		lank. See Instruction 6)	-maparobilgor			
DIRECTOR. NATIONAL REVENUE CENTER APPROVAL. ON BEHALF OF THE UNITED STATES, I APPROVE THE FOREGOING BOND WHICH HAS BEEN EXECUTED IN DUE FORM IN COMPLIANCE WITH THE APPLICABLE LAWS, REGULATIONS, AND INSTRUCTIONS.						
SIGNATURE OF AUTHORIZED OFFICIAL, ALC	OHOL AND TOBACC	O TAX AND TRADE BUREAU	DATE APPROVED			
Director, National Revenue Center TTB F 5110.56 (12/2007)	PAGE 2					

 DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE SUREAU (TIB)								
	CONSENT OF SURETY)							
What is the legal name of your business (read instruction G)?	What is your Employer Identification Number (read instruction H)?							
What is your permit number or registry number listed on the bond	What is the corporate surety, if any, listed on the bond that you are							
that you are changing (read instruction I)?	changing (read instruction J)?							
5. What is the form number of the bond that you are changing?	What is the dollar amount of the bond that you are changing?							
7. What is the effective date of the bond that you are changing?	What is the effective date of this change in bond? (If no effective							
	date is stated, the effective date is the date of its execution shown in							
We are changing the above bond as follows:	item 10a.)							
s. We are changing the above bolid as follows.								
10a. We bind ourselves to this change and witness our hands and seal	s this, day of,							
10b. Signature for your business	10c. Signature for corporate surety							
(Read instruction K)	(Read instruction K)							
Printed name and title	Printed name and title							
Seal of your business	Corporate seal of surety							
Signature of two witnesses								
Printed names of two witnesses								
500.3	TB USE ONLY							
On behalf of the United States of America, I approve and accept this cor								
on scham of the officer states of America, I approve and accept this cor	sum or surery.							
11a	11b							
Authorized TTB Official (Signature and Title)	Date Approved							
TTB F 5000.18 (09/2007)								



Change in Bond (Consent of Surety)

A Consent is required when:

- Untaxpaid spirits move over general premises (27 CFR 19.98)
- Spirits in Customs custody move over DSP premises (27 CFR 19.99)
- Spirits or SDA "Returned to Bond" (27 CFR 19.685)
- Voluntary Destruction Off Bonded Area (27 CFR 19.691)
- Alternating Operations (27 CFR 19.201-.204)
- May be required when a VARIANCE is obtained

	0023 (07/31/2008)		
DEPARTI ALCOHOL AND TOE			
ENVIRON			
 COMPLETION. Answer all items in sufficient detail or as not app the Bureau has an interest. If additional space is required for any answers are evaluated by the Bureau to determine whether the ac information on Water Quality Considerations - Under 39 U.S.C. 1341 (cm. information given on TIBE 5000.90 for interes 6 and 7 of this form. 	nis form. Your Supplemental		
2. FILING. Submit an original and one copy of this form to the Direct	tor, National Revenue Center, 550 Main St, Ste 9002, Cincinnati, OH 45	202-5215.	
	ion or other document, the copy of this form will be returned to the ap	opticant.	
Name and Principal Business Address of Applicant	Description of Activity in which Alcohol and Tobacco Tax and Trade Bureau has an interest	3. Number of Employees	
	, Street, City, State, ZP. Code; describe locations of buildings and out structures, land use, lakes, streams, roads, railroad facilities, etc. Map		
Heat and Power: A. Describe types of heat and power to be used and their sources quantity of fael to be used for each purpose. (Example: 40 to the control of the	vs. If they are to be produced in connection with the proposed activity, or onely,r. arthractic coal for heat, 30 million cu4t./yr. natural for power gas	stimate type and nerating.)	
B. Describe any air pollution control equipment proposed for us	e in connection with fuel burning equipment, boilers, or smokestacks.		
Salid Waste: A. Describe amount and composition of all solid waste to be ge	nerated.		
B. Discuss proposed methods of disposal (Incineration, open to Specify whether on-site or off-site.	uming, landfill, government or commercial garbage collection, etc.)		
C. Describe any air pollution control equipment proposed for us	e in connection with any incinerators.		
TTB F 5000.29 (5:2005)			

Describe amount and content of early figured vester to be generated. B. Discribe amount and content of early figured vester to be generated. B. Discribe amount and content of early figured vester to be generated. B. Discribe amount and content of early figured vester to be generated. B. Discribe amount and content of early figured vester to be generated. B. Discribe amount and content of early figured vester to be generated. B. Discribe amount and content of early figured vester to be generated. B. Discribe proposed marked of disgread (figures, figuring, respiritio, and). Describe any proposed means to marked quality and characteristics, and any proposed equipment of facilities for treatment of control of figured vesters. B. Notes (Discribe operational notes accurate other than T HAVE EXAMPLED THE INFORMATION SHOWN ON THES FORM AND, TO THE BEST OF MY KNOWLADDE AND SELECT, IT IS TRUEL, CORRECT, AND COMMATET. LADRES THAT COPIES OF THE PROPERTY OF THE KNOWLADDE AND THE PROPERTY OF THE PROPERTY OF THE AND THE PROPERTY OF THE AND THE PROPERTY OF THE PROPERTY OF THE AND THE PROPERTY OF THE AND THE PROPERTY OF THE	r e				
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(Specify whether application, bond, formula, permit, Somes, etc.) Signature of Director, National Fluvenuse Center PAPERNORIX REDUCTION ACT NOTICE This request is in accordance with Section 3007, Public Just 96-951. Pigeneruse Resolution Act of 1985. This information collection is used by TTB to elemenine it any environmental impact allationation or connectional permit is consistent in \$1.00 and \$1.0	activity, i	it is determined that:		onmental information relevant to the propos	ed
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TTB F 5000.29 (4/2004)	If any en The esti stances.	juset is in accordance with Section 3507, Public Lav wivonmental impact statement or environmental per mated average burden associated with this collectic. Comments concerning the accuracy of this burden	r 98-511, Paperwork Reduction Act of 1995. This mit is necessary for the proposed operation. The on of information is 30 minutes per respondent or n estimate and suggestions for reducing this bun	information collection is used by TTB to det information is required to obtain a benefit. recondiseeper, depending on individual circ. en should be addressed to Reports Manage	ım•
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 SUPP				
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1 COMPLETION 4				
Federal Water Pollution C	Control Act (33 U.S.C. 1341(a)).		ctivity. If necessary, continue on reverse side of this form or a separate sheet, applicable State Water Quality Agency is required under Section 21 is of the	
of Alcohol, Tobacco and I	al and copy of this form with the Firearms. This form must be cor or (Regulatory Enforcement) or i	on or other document, to the District Director (Regulatory Enforcement), Bureau mitted even though three copies of the required certification or waiver has been form.		
3. DISPOSITION, After fina			er document, the copy of this form will be returned to the applicant. ATED TO THIS RIDER	
1. FORM NUMBER	2. APPLICATION DATE	3. SERIALNU		
A NAME AND DOINGIDAL	BUSINESS ADDRESS OF APPL	ICANT	5. PLANT ADDRESS (If different from address in item 4)	
(Number, street, city, cour	nty, State, and ZIP code)	IUANI	a. PLAN I AUUMESS (If american address in flam 4)	
A DESCRIPE ACTIVITY TO	DE CONDUCTED IN MUIOU T	UE BUIDE AU OF	ALCOHOL, TOBACCO AND FIREARMS HAS AN INTEREST.	
e. DESCRIBE ACTIVITY TO	BE CONDUCTED IN WHICH T	NE BUNEAU OF	ALCOHOL, TOBACCO AND PINEAPMS HAS AN INTEREST.	
ACTIVITY DESCRIBED IF	OR INDIRECT DISCHARGE IN NITEM 6, INCLUDING THE BIO T WHICH SUCH DISCHARGE N			
 8. GIVE THE DATE OR DAT	ES ON WHICH THE ACTIVITY	WILL BEGIN AN	D END, IF KNOWN, AND ON WHICH THE DISCHARGE WILL TAKE PLACE.	
9. DESCRIBE THE METHOL	DS AND MEANS USED OR TO	BE USED TO MO	ONITOR THE QUALITY AND CHARACTERISTICS OF THE DISCHARGE	
AND THE OPERATION O	F EQUIPMENT OR FACILITIES	EMPLOYED IN	THE TREATMENT OR CONTROL OF WASTES OR OTHER EFFLUENTS.	
 I certify that I have exami furnished to the applicable 				
furnished to the applicable 11. APPLICANT				
III PERSONALI			12. BY (Signature and title)	
ATF F 5000.30 (2-97) (Form				

				OMB No. 1513-0038 (09/30/2006)	
ALCOH APPLICATI					
APPLICATION IS M					
2. TO BE TRANSFERRED			L BE RECEIVED AT:	INDICATED BELOW	
	a. PLANT NUMBER	AMOFENS WII	b. ADDRESS		
SPIRITS DENATURED SPIRITS	a. PLANT NUMBER		D. ADDRESS		
	4 TRANSFERS	WILL BE MADE FRO	\14.		
a. PLANT NUMBER	b. ADDRESS	THE DE MADE THE	c. OPERATED BY		
	5. BOND INFORMATION	(Complete 5a., plu:	5b. or 5c.)		
a. APPROVAL DATE OF MY BOND (TTB F 5110.56) IS:	b. I HAVE MAXIMUM BOND C UNDER 27 CFR 19.245 - N AMOUNT OF SHIPMENTS	OVERAGE	c. I HAVE LESS COVERAGE	B THAN MAXIMUM BOND UNDER 27 CFR 19.245. MY OPERATIONS COVERAGE IS:	
6. SHII	PMENT INFORMATION (Complete 6a.	and/or 6b, below ON	LY IF 5c. ABOVE IS CH	IECKED)	
a. QUANTITY OF SPIRIT	S AUTHORIZED TO BE TRANS- : Amount shown in 5c. above divided	b. QUANTI	TY OF DENATURED SE	PIRITS AUTHORIZED TO BE Amount shown in 5c. above	
PROOF GALLONS		1	ALLONS D		
THE DE	ROPRIETOR IS RESPONSIBLE FO			ON ALL SPIRITS AND	
IMPORTANT DENAT	URED SPIRITS "ON HAND" AND ' I IN 5c. ABOVE.	'IN TRANSIT" WI	LL NOT EXCEED TH	IE BOND COVERAGE AS	
7. REMARKS					
8. DATE	9. PROPRIETOR		10. BY (Signature and	f Title)	
I certify the penal sum of the	applicant's bond is sufficient to cover the	- APPROVAL spirits and/or dena	ured spirits indicated. A	APPLICATION IS APPROVED.	
11. DATE	12. SIGNATURE OF DIRECTOR, NA				
TTB F 5100.16 (5/2005)					

DEPARTMENT OF THE TREASURY DATE (11/30/05)							
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) PERSONNEL QUESTIONNAIRE - ALCOHOL AND TOBACCO PRODUCTS							
SUPPLEMENTAL 1	TO APPLICATION FOR PERMIT FILED BY:	DUCIS					
TRADE OR CORPORATE NAME TO BE USED (If any)	BUSINESS ADDRESS OF FIRM (No., stre and ZIP Code)	net, city, State	TELEPHONE N	MBER			
FULL NAME OF APPLICANT (Do no use initials) NAME I	USUALLY USED	IF A MARRIED V MAIDEN NAME	OMAN, GIVE F DATE OF MAR	ULL RRIAGE			
LEGAL RESIDENCE (No., street, city, State and ZIP TELEPI Code)	HONE NUMBER BUSINESS ADDRESS (N State and ZIP Code)	lo., street, city,	TELEPHONE N	UMBER			
MALE HEIGHT WEIGHT COLOR OF HARR POSITION OR TITLE	F COLOR OF PLACE OF BIRTH IN EYES DESCRIPTION OF DUTIES OR RELATION TO	DATE OF BIRTH					
FATHER'S NAME	MOTHER'S MAIDEN NAME						
If the answer to any of the above questions, 1 through 6 is "YE!	S," give full details under remarks or on a sep	parate sheet, taki	ng care to	YES NO			
number the reply to correspond with the question. Convictions,		s need not be re	ported.	YES NO			
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OF ANY	(Include nicknames, allases)?	OR TOBACCO	BOOLICTES	-			
3. HAVE YOU EVER BEEN ARRESTED FOR VIOLATION OF A		M ON TOBROCO	MODULIEF	_			
4. HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR		ATE LAW?		_			
RECTIFY, BOTTLE, DISTRIBUTE, SELL, MEPORT, OR TRA WINES, OR TOBACCO PRODUCTS FILED BY YOU OR A A PARTMER, OFFICER, DIRECTOR, PRINCIPAL STOCKI IF ANSWER IS "YES," STATE NAME UNDER WHICH APIL 7. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERI B. IF NATURALIZED, GIVE DATE AND LOCATION WHERE	NY FIRM OR CORPORATION OF WHICH YO OLDER, OR RESPONSIBLE EMPLOYEE? JICATION WAS FILED AND REASONS FOR D CA?	OU WERE PRO	PRIETOR OR				
b. IF NOT A CITIZEN, GIVE CURRENT CITIZENSHIP STAT	rus.						
8. HAVE YOU AS AN INDIVIDUAL OR IN CONNECTION WITH WITH A FEDERAL PERMIT OR APPROVED NOTICE TO M DEAL IN, IMPORT OR TRANSPORT OR TRANSPORT ALC TOBACCO PRODUCTS? IF THE ANSWER IS "YES," GIVE THE FOLLOWING AS API	MANUFACTURE, USE, STORE, RECTIFY, BO COHOL, DENATURED SPIRITS, DISTILLED	OTTLE, DISTRIB	UTE, SELL,				
	. NAME AND ADDRESS UNDER WHICH PE	RMIT WAS ISSU	JED	_			
b. PERIOD COVERED							
d. IF DISCONTINUED, WHEN & WHY?	 IF REVOKED, WAS SETTLEMENT MADE INCURRED THEREUNDER? IF "YES," W 	OF CIVIL LIABII HEN?	ITIES				
	IF NO LIABILITIES, SO STATE.						
HAVE YOU EVER BEEN OR ARE YOU NOW EMPLOYED E EXPORTING TAX-EXEMPT, TOBACCO PRODUCTS; PRODUCTO OR DEALING IN DISTILLED SPIRITS, WINES, BEER, ALC TURED SPIRITS; OR USING JOTHER THAN FOR PERSO	DUCING, STORING, RECTIFYING, BOTTLI	NG, SELLING, I	MPORTING,				
IF THE ANSWER IS "YES," GIVE THE FOLLOWING:	AND ADDRESS OF PERSON, FIRM, OR COR	BROBATION					

			40 FMDI OWNENT FOR S	HOT 40 VELDO		_	
	RIOD		io. EMPLOYMENT FOR F	10. EMPLOYMENT FOR PAST 10 YEARS NAME AND ADDRESS OF EMPLOYER			
_	****		POSITION	(No.	street, city, county, State, ZIP Code)		
FROM	TO		(Include nature,		e, periods, and addresses of self-employment)	_	
			,			-	
					*	_	
						<u>.</u>	
11. NAMES RENCE			ty, county. State, and ZIP Code) C BUSINESS RESPONSIBILITY. (D	or FIVE REFERENT or not include relative	CES, INCLUDING AT LEAST ONE BANK REFE- es or employers listed in item 10.)	_	
 BANK REFE	NAM BENCE:	E	RESIDENCE		BUSINESS NAME AND ADDRESS	-	
BANK MEFE	nenve:						
					TELEPHONE NUMBER		
 CHARACTE	R/BUSINESS	REFERENCE				_	
			TELEPHONE NUMBER		TELEPHONE NUMBER		
CHARACTE	HVBUSINESS	REFERENCE			•		
			TELEPHONE NUMBER		TELEPHONE NUMBER	_	
CHARACTE	R/BUSINESS	REFERENCE				-	
			TELEPHONE NUMBER		TELEPHONE NUMBER		
CHARACTE	RIBUSINESS	REFERENCE					
			TELEPHONE NUMBER		TELEPHONE NUMBER		
 12. ARE YO	U RATED BY	ANY COMMERCIAL	CREDIT REPORTING AGENCY?		-	-	
. At	S N) IF ANSWER IS "YE	S" GIVE NAME AND ADDRESS	OF AGENCY AND	DETAILS OF RATING.		
		13. RESIDENCES FO	OR PAST TEN YEARS (Give street	et address, oity, cou	inty, State and ZIP Code)	-	
	RIOD		1,010 010	ADDRESS		_	
FROM	то					-,	
						_	
11							
:					•	-	
	-					_	
					TTB F 5000.9 (4/200	4)	
. *							

14. INVESTMENTS	
AMOUNT OF YOUR INVESTMENT IN THE BUSINESS TO DATE (V any) \$	
b SCHPCE OF FUNDS RINSTED or a, pressure surings, texts, etc., give native and address of highlisher in which funds are on deposit or native and address of white including account nurses, if applicable.	
CERTIFICATION	
Under the penalties of perjury, I declare that this statement, including the documents submitted in support thereof, has been examined by me and, to the bast of my knowledge and belief, is true, comed, and complete.	
SIGNATURE OF APPLICANT DATE	
REMARKS (Continue on reverse or on a separate sheet, if necessary)	
•	
PRIVACY ACT STATEMENT	
The fellowing information is provided pursuant to Section 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. \$652a(e)(3)):	
 AUTHORITY. Solicitation of the information is made pursuant to the following sessates: 26 U.S.C. (8951716), 5273(b), 5395, 5401(a), 5551(b), 5551(c), 571(a), 527. (a) 27 U.S.C. \$2604(c). Chalcease of the information by an applicant is mandatory if the applicant wishes to engage in any of the besinesses regulatory porturals to the above discribed sessate. 	
PURPOSE. To enable TTB to determine the eligibility, suitability, and/or qualifications of an applicant who proposes to engage in a business regulated by TTB.	
3. NOUTHEL USES. The hierarchies will be used by TTB to make the determinations all thin is passigned. It is addition, the information may be obtined on the "reduce," Data, include on it less in the intermediate and insight in the research and including some profession of the little means and the country is not professional by law. The information may be obtained to information the professional by law. The information may be obtained to the duction of the professional by the information of the little makes and disclosures and professional by the information may be discovered to include out the public of their body the information of the discovered to include out the public interfer to with the information of the formation of the professional by the information of the information	
 EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED. Failure to provide complete information may not prevent TTB from making an informed judgment reparting the alighbits, suitability ancider qualification of the applicant. This may result in either a delay in the approval of an appli- cation or its disapproval. 	
DISCLOSURE OF SOCIAL SECURITY NUMBER. Disclosure of the individual social security number is voluntary. Pursuant to the statutes above, THS is authorised to solicit this information. The number may be used to verify the individual's identity.	
PAPERWORK REDUCTION ACT NOTICE	
This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used by TTB to determine if an applicant is eligible to receive an alcohol and aphaeco permit. The information is reached by 30 U.S.C. \$712, \$7 U.S.C. 2019.	
The estimated overage burden associated with this collection of information is 2 hours per respondent or recordweeps, depending on individual obsumations. Comments concerning the socrancy of this burden estimate and suppetitions for reducing this burden should be addressed to Report Memorganement (Otions, Registerion and Procedures Orbinsis), Acceled and Research time (I made Sureus, I Marshappen CC 052820).	
An agency may not conduct or aporace, and a person is not required to respond to, a collection of information unless it displays a currently valid CMB control member.	
TTB F 5000.9 (#2004)	



Organizational Document Required

- Articles of Incorporation or Organization
- Certificate of Incorporation/LLC Existence
- Bylaws or Operating Agreement
- Authorization to Operate as a Foreign Entity in Another State
- Trade Name Registration
- List of directors, officers, and those persons holding 10% or more interest or shares
 - With their names and addresses

Alcohol and Tobacco Tax and Trade Bureau



Contact the NRC for Help

Mailing Address:
 TTB National Revenue Center

 550 Main St. Suite 8002
 Cincinnati, OH 45202

• Phone: 1-877-882-3277 (toll free) or 513-684-7150

E-mail: ttbquestions@ttb.gov

Online: www.ttb.gov