

**DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)**

APPLICATION FOR BASIC PERMIT UNDER THE FEDERAL ALCOHOL ADMINISTRATION ACT

1. FULL NAME AND PREMISES ADDRESS TELEPHONE NUMBER () _____ State in which organized for Corporations and Limited Liability Companies (LLC): _____	3. EMPLOYER IDENTIFICATION NUMBER (EIN) <i>(Social Security number is not acceptable)</i> 4. OPERATING NAME (DBA), if any _____
2. MAILING ADDRESS <i>(If different from premises address)</i> _____	5. LABELING TRADE NAME(S), if any _____

6. BUSINESS(ES) TO BE CONDUCTED AT PREMISES ADDRESS *(Check applicable boxes)*

a. <input type="checkbox"/> DISTILLED SPIRITS PLANT <i>(BEVERAGE)</i> <input type="checkbox"/> DISTILLING <input type="checkbox"/> WAREHOUSING AND BOTTLING DISTILLED SPIRITS <input type="checkbox"/> PROCESSING <i>(RECTIFYING)</i> DISTILLED SPIRITS AND WINE	c. <input type="checkbox"/> IMPORTING INTO THE UNITED STATES <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> WINE <input type="checkbox"/> MALT BEVERAGES
b. <input type="checkbox"/> BONDED WINE PREMISES <input type="checkbox"/> PRODUCING AND BLENDING WINE <input type="checkbox"/> BLENDING WINE	d. <input type="checkbox"/> PURCHASING FOR RESALE AT WHOLESALE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> WINE <input type="checkbox"/> MALT BEVERAGES

or while so engaged, sell, offer, or deliver for sale, contract to sell, or ship in interstate or foreign commerce the alcoholic beverages so distilled produced, rectified, blended or bottled, warehoused and bottled, imported or purchased for resale at wholesale.

7. REASON FOR THE APPLICATION

a. <input type="checkbox"/> NEW BUSINESS Anticipated start date _____	c. <input type="checkbox"/> CHANGE IN OWNERSHIP Date of Change _____ Name, address and permit number(s) of predecessor _____
b. <input type="checkbox"/> CHANGE IN CONTROL <i>(Actual or legal)</i> <input type="checkbox"/> Submit Basic Permit(s) with this application. Date of Change _____	

8. OWNER INFORMATION *(List sole owner, all general parties, LLC members/managers, corporate officers and directors, and shareholders with more than 10% voting stock. Each listed person must also furnish the information in Item 9.)*

NAME	TITLE	% VOTING/STOCK/INTEREST <i>(If applicable)</i>	INVESTMENT IN BUSINESS <i>(Item 6)</i>	SOURCE OF FUNDS INVESTED <i>(savings, loans, gift or specify other)</i>

IF APPLICANT IS ACTUALLY OR LEGALLY CONTROLLED BY PERSONS OR BUSINESSES NOT IDENTIFIED ABOVE, PROVIDE ON A SEPARATE SHEET INFORMATION *(as specified for Item 9)* FOR EACH PERSON OR BUSINESS AND STATE THE EXTENT AND MANNER OF THE CONTROL. BUSINESSES SHOULD INCLUDE THEIR EIN.

9. COMPLETE FOR EACH PERSON LISTED IN ITEM 8.

a. FULL GIVEN NAME _____	b. DATE AND PLACE OF BIRTH _____	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER _____	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	f. OTHER NAMES USED <i>(Maiden name, nicknames, etc.)</i> _____		

g. RESIDENCE(S) OVER THE LAST FIVE YEARS _____

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	f. OTHER NAMES USED (<i>Maiden name, nicknames, etc.</i>)		
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	f. OTHER NAMES USED (<i>Maiden name, nicknames, etc.</i>)		
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	f. OTHER NAMES USED (<i>Maiden name, nicknames, etc.</i>)		
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	f. OTHER NAMES USED (<i>Maiden name, nicknames, etc.</i>)		
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

10. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN DENIED A PERMIT, LICENSE OR OTHER AUTHORIZATION TO ENGAGE IN ANY BUSINESS TO MANUFACTURE, DISTRIBUTE, IMPORT, SELL OR USE ALCOHOL PRODUCTS (*beverage or nonbeverage*) BY ANY GOVERNMENT AGENCY (*Federal, State, local or foreign*) OR HAD SUCH PERMIT, LICENSE OR OTHER AUTHORIZATION REVOKED, SUSPENDED OR OTHERWISE TERMINATED?

YES. State details of each event on a separate sheet. NO

11. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN ARRESTED FOR, CHARGED WITH, OR CONVICTED OF ANY CRIME UNDER FEDERAL, STATE OR FOREIGN LAWS other than traffic violations or convictions that are not felonies under Federal or State law.

YES. State details of each event on a separate sheet. NO

TTB MAY REQUIRE additional information to process this application. If you are applying for a basic permit to operate a distilled spirits plant or bonded wine premises, you must also file additional forms and information required under the Internal Revenue Code. **OPERATION WITHOUT A PERMIT.** Criminal and administrative actions may be taken against persons engaged in a business listed in Item 6 of this form if it is not conducted pursuant to an FAA Act basic permit.

APPLICANT'S AFFIRMATION. 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 will 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 does not violate the law of the State in which the business will be conducted. In addition, if this application is approved, the applicant will conduct operations within a reasonable period of time and maintain such operations in conformity with Federal law.

12. APPLICANT'S SIGNATURE (<i>Sole owner, partner, corporate officer, LLC member or manager, or if designated agent, submit TTB F 5000.8</i>)	13. TITLE OF PERSON SIGNING	14. DATE
---	-----------------------------	----------

15. E-MAIL (INTERNET) ADDRESS (*optional*):

INSTRUCTIONS

1. **GENERAL.** You must file this application if you want a permit under the Federal Alcohol Administration Act (FAA Act) to engage in the business of:
- Producing or processing distilled spirits or wine includes for nonindustrial use.
 - Importing into the United States, or wholesaling, alcoholic beverages.
- Nonindustrial use of distilled spirits or wines includes all beverage purposes or uses in preparing foods or drinks. Wholesaling under the FAA Act means purchasing alcoholic beverages for resale at wholesale. The FAA Act defines alcoholic beverages as distilled spirits, wine, or malt beverages including any fermented cereal beverages which have an alcohol content of not less than 1/2 percent.
2. **COMPLETING AND FILING THIS APPLICATION.**
- Please type or print and complete all items.
 - Write "not applicable" in any item requesting information that does not apply to your business.
 - Items 8 through 11: If this information is on file with TTB, state "On file under (*name and TTB permit or registry number or type of pending application*)."
 - If you need additional room, use a separate sheet.
 - If your producing or processing operations will be in Puerto Rico, contact the Director, Puerto Rico Operations, for additional requirements.
 - Send this form in duplicate to the appropriate TTB (Alcohol and Tobacco Tax and Trade Bureau) office.
- | Location of Business | Send to: |
|----------------------|---|
| PUERTO RICO | Ste 310 Torre Chardon, 350 Carlos Chardon Ave, San Juan, PR 00918 -21244 787-766-5584 |
| ALL OTHER STATES | 550 Main Street, Suite 8002 Cincinnati, OH 45202 1-877-882-3277 |
3. **LABEL APPROVALS FOR BOTTLED ALCOHOLIC BEVERAGES.** Bottlers, packagers, and importers should have TTB approved label certificates (TTB F 5100.31). A label approval is required to sell, ship or deliver for sale or shipment, or to otherwise introduce in interstate or foreign commerce, alcoholic beverages. Also, a label approval allows importers to release specific imported alcoholic beverages from Customs' custody. For label approvals contact TTB, Washington, DC 20220, (202-927-8140). TTB does not approve certificates until you have the appropriate FAA Act basic permit. You can submit draft labels (*for example, mockups*) to TTB for review before printing the labels. Trade name approval on your FAA Act basic permit does not constitute approval as a brand name for labeling purposes.
4. **SPECIAL TAX.** If you operate a distilled spirits plant or bonded wine premises or deal in beer, wine or distilled spirits, file TTB F 5630.5, Special Tax Registration and Return, and pay an annual tax. File TTB F 5630.5 and pay this tax when you start selling, or offer for sale, alcoholic beverages. You do not file this form or pay special tax when your business only involves the importation or sale of fermented cereal beverages which have an alcoholic content of less than 1/2 percent or where your business is only in Puerto Rico.
5. **EMPLOYER IDENTIFICATION NUMBER.** You need to have this number for your business even if you do not have any employees. To obtain an EIN, file Form SS-4 with the Internal Revenue Service.

PRIVACY ACT INFORMATION

1. **AUTHORITY.** Solicitation of information on TTB F 5100.24 is made pursuant to 27 U.S.C. Section 204(c). Disclosure of this information by the applicant is mandatory if the applicant wishes to obtain a basic permit under the Federal Alcohol Administration Act.
2. **PURPOSES.** To identify the applicant; the location of the premises; and to determine the eligibility of the applicant to obtain a basic permit.
3. **ROUTINE USES.** The information will be used by TTB to make determinations set forth in paragraph 2 above. Where such disclosure is not prohibited, TTB officers may disclose this information to other Federal, State foreign and local law enforcement and regulatory agency personnel to verify information on the application and for enforcement of the laws of such other agency. The information may be disclosed to the Justice Department if the application appears to be false or misleading. TTB officers may disclose the information to individuals to verify information on the application where such disclosure is not prohibited.
4. **EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED.** TTB may delay or deny the issuance of the FAA Act basic permit where information is not complete or missing.
5. **DISCLOSURE OF EMPLOYER IDENTIFICATION NUMBER AND SOCIAL SECURITY NUMBER.** You do not have to supply these numbers. These numbers are used to identify an individual or business. If you do not supply the numbers, your application may be delayed.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain or retain a benefit and is mandatory by statute (27 U.S.C. 203 and 204 (c)).

The estimated average burden associated with this collection of information is 1 hour and 45 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Regulations and Procedures Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.