APPLICATION FOR ALCOHOLIC BEVERAGE MANUFACTURING LICENSE

OFFICE OF STATE TAX COMMISSIONER

SFN 22935 (10-05)

TAX TYPE 96

FOR TAX DEPARTMENT USE ONLY

License Number

☐ New License ☐ License Renewal

Name of Applicant (business, partnership, corporation)				
DBA or Trade Name			FEIN	
Location of manufacturing business				
Mailing Address		City	State	Zip Code
County	Telephone #	FAX #	E-Mail Address	
Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC				

1. Type of alcoholic beverage manufacturing:

   ☐ Winery ☐ Distillery ☐ Brewery

   Anticipated manufacturing capacity _____

2. Do you have any financial interest in any wholesale or retail beer or liquor establishment? (If corporation, this includes all officers, directors, and stockholders; if a partnership, this includes all partners.) ☐ Yes ☐ No

   If yes, list establishments _____

3. Have you ever had any type of license suspended or revoked in North Dakota or in any other state? ☐ Yes ☐ No

   If yes, list where and when _____

4. List basic federal permit and other permit number and their effective dates

   Permit type _____ Permit # _____ Effective date _____

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5. List names of North Dakota wholesalers who intend to sell your merchandise _____

6. North Dakota law provides that no foreign corporation or foreign limited liability company may conduct business in this state or obtain any license or permit required by this state until it has procured a certificate of authority from the secretary of state. North Dakota law also provides that no foreign limited partnership or foreign limited liability partnership may conduct business in the state until it has registered with the secretary of state. (Questions regarding certificates of authority and registrations should be directed to the North Dakota Secretary of State at 701-328-4284.)

   List the state in which your company is organized

   _____

   Enter the ID number assigned to your business by the North Dakota Secretary of State **or** attach a copy of the Certificate of Authority.

   _____

First-time license fee = $500.00 (reduced to $375.00 for effective dates between April 1 and June 30, and reduced to $250.00 for effective dates between July 1 and December 31).

Renewal Fee = $500.00 per calendar year.

I, the undersigned, hereby apply for the above indicated license for the calendar year ending December 31, _____. I understand that any misstatement or concealment of fact in this application shall be grounds for revocation of the license.

Signature of Applicant _____ Title _____ Date _____

Please send application and license fee to:
Office of State Tax Commissioner
Alcohol Tax Section
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

Phone: (701) 328-2702
Fax: (701) 328-1283

DO NOT WRITE IN THIS SPACE