



# APPLICATION FOR ALCOHOLIC BEVERAGE ALCOHOL CARRIER LICENSE

OFFICE OF NORTH DAKOTA STATE TAX COMMISSIONER  
SFN 60420 (7-13)

For Calendar Year \_\_\_\_\_

**New License**       **Renewal**

Legal Name		ND License Number <i>(renewals only)</i>	
DBA (if applicable)		Federal Employee Identification Number	
Physical Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
Telephone Number	Contact Person		
<input type="checkbox"/> Change of Any Information From Previous Application	Email Address		

## Annual Fee: \$100.00

The state of domicile for this business is _____.
Is the business currently licensed to transport alcoholic beverages? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, enter type of license _____, license number _____ and expiration date _____.
Have you ever had any type of license suspended or revoked in any state? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, list where and when _____.

## Agreement to Electronically File

The Tax Commissioner agrees to authorize the above named company to electronically file the tax reports and schedules as required under North Dakota Century Code chs. 5-01 and 5-03. The signature of the company affixed to this application shall be deemed to appear on such electronically filed reports and schedules, as if actually so appearing. All reports and schedules filed electronically pursuant to this agreement are deemed by the company to be truthful, accurate and complete statements made under penalty of perjury, and shall be in form compatible with the Tax Commissioner's equipment, software, and facilities. Any electronic filing not in conformity with the requirements specified herein shall be deemed a failure to file such reports and schedules and company shall be subject to all applicable penalties prescribed by law.

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application has been examined by me and to the best of my knowledge and belief is complete, correct, and true.

Name of Owner or Authorized Officer <i>(print or type)</i>		
Signature of Owner or Authorized Officer	Title	Date

### Please send application and license fee to:

Office of State Tax Commissioner  
Sales and Special Taxes Compliance Section  
600 E. Boulevard Ave. Dept. 127  
Bismarck, ND 58505-0599  
Phone: (701) 328-2702

**For Tax  
Department  
Use Only**