

APPLICATION FOR ALCOHOLIC BEVERAGE DIRECT SHIPPING LICENSE

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER
SFN 60429 (7-13)



For Calendar Year _____

New License **Renewal**

		ND License Number (<i>renewals only</i>)	
Legal Name		Federal Employee Identification Number	
DBA (if applicable)		Fed. Basic Permit or Brewer's Notice #	
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: \$50.00 Liquor (Wine) Beer **Make check payable to Office of State Tax Commissioner**

State Domicile for this Business		
Is the business currently a licensed alcoholic beverage retailer?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enter information below and attach a copy of license <input type="checkbox"/> Attached		
State	License Number	Expiration Date
Is the business currently a licensed alcoholic beverage manufacturer?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enter information below and attach a copy of license <input type="checkbox"/> Attached		
State	License Number	Expiration Date
Manufacturers must attach a copy of their Federal Basic Permit or Brewer's Notice. <input type="checkbox"/> Attached		

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 (print or type)	Title
Signature of Owner or Authorized Officer	Date

Please send application and license fee to:

**Office of State Tax Commissioner
600 E. Boulevard Ave. Dept. 127
Bismarck, ND 58505-0599
Phone: 701.328.2702**

**For Tax
Department
Use Only**