



# APPLICATION FOR ALCOHOLIC BEVERAGE MANUFACTURING LICENSE

OFFICE OF NORTH DAKOTA STATE TAX COMMISSIONER  
SFN 59457 (10-10)

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

New  Renewal

North Dakota License Number (renewals only)

Legal Name		Federal Employer Identification Number	
DBA (if applicable)		Federal Basic Permit Number/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		

Type of Business  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation

**Annual Fees:** First year applicants are eligible for prorated fees based on the following table:

	April - June 30	July 1 - December 31
<input type="checkbox"/> Domestic Distillery (\$100.00) . . . . .	\$100.00	\$100.00
<input type="checkbox"/> Domestic Winery (\$100.00) . . . . .	\$100.00	\$100.00
<input type="checkbox"/> Microbrew Pub (\$500.00) . . . . .	\$375.00	\$250.00
<input type="checkbox"/> North Dakota Manufacturing (\$500.00) . . . . .	\$375.00	\$250.00

Winery  Distillery  Brewery

1. 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 \_\_\_\_\_

2. 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 \_\_\_\_\_

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

**For Tax  
Department  
Use Only**