



**We will require and prepare a TTB Power of Attorney to be signed by all authorized members**

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR OUR FILES:**

BUSINESS NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

OFFICE NO.: ( ) \_\_\_\_\_ FAX No.: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

IF OWNED IS CORPORATION / LLC / PARTNERSHIP:

OR BUSINESS NAMES (IF ANY): \_\_\_\_\_

STATE OF FORMATION: \_\_\_\_\_

DATED OF FORMATION: \_\_\_\_\_

EIN: \_\_\_\_\_ CORP FILING NO.: \_\_\_\_\_

**INFORMATION ON OWNER/OFFICERS:**

**ONE SECTION FOR EACH OWNER/OFFICER – ALL OWNERS MUST BE LISTED BELOW**

Owner/Officer 1:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

HOME NO.: ( ) \_\_\_\_\_ CELL NO.: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

Owner/Officer 2:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

HOME NO.: ( ) \_\_\_\_\_ CELL NO.: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

**LANDLORD:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

**BANK INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Account No.: \_\_\_\_\_

**LIST OF DIRECT TO CONSUMER LICENSES (USE REVERSE SIDE IF NEEDED):**

- |                        |                         |
|------------------------|-------------------------|
| 1. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 2. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 3. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 4. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 5. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 6. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 7. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 8. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 9. State: _____        | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |
| 10. State: _____       | License No.: _____      |
| Expiration Date: _____ | Sales Permit No.: _____ |

**INDIVIDUALS WE ARE AUTHORIZED TO CONTACT NAMES, PHONE NUMBERS AND EMAILS:** Such as Bookkeeper, Attorney, Tasting Room Manager, etc...

Name/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Distributors/Wholesale:**

PLEASE PROVIDE COPIES OF THE FOLLOWING WITH THIS APPLICATION:

- > All Distributor/Territorial agreements – if any
- > List of the wines shipped to these states

**STATE:** \_\_\_\_\_

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Area(s) of Distribution: \_\_\_\_\_

\_\_\_\_\_ License No.: \_\_\_\_\_

**STATE:** \_\_\_\_\_

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Area(s) of Distribution: \_\_\_\_\_

\_\_\_\_\_ License No.: \_\_\_\_\_

**STATE:** \_\_\_\_\_

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Area(s) of Distribution: \_\_\_\_\_

\_\_\_\_\_ License No.: \_\_\_\_\_

**STATE:** \_\_\_\_\_

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Area(s) of Distribution: \_\_\_\_\_

\_\_\_\_\_ License No.: \_\_\_\_\_

**STATE:** \_\_\_\_\_

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Area(s) of Distribution: \_\_\_\_\_

\_\_\_\_\_ License No.: \_\_\_\_\_

**STATE:** \_\_\_\_\_

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Area(s) of Distribution: \_\_\_\_\_

\_\_\_\_\_ License No.: \_\_\_\_\_