



Form 47-264-11-1-1-000 (Rev. 11/13)

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TO: Alcoholic Beverage Control P.O. Box 540 Madison, Mississippi 39130-0540

APPLICATION FOR REGISTRATION OF MANUFACTURER'S REPRESENTATIVES OR CONTROL STATE MANAGER

Manufacturer's Name: _____

Address: _____

Brands to be Marketed and Shipping Point(s) for Each Brand:

Representative to be Registered: (Executive Officer or Control States Manager)

Name: _____ Title: _____

Business Address and Telephone Number: _____

E-Mail Address _____

Home Address and Telephone Number: _____

Length of Time Employed by Manufacturer: _____

Previous Experience in Sales and Distribution of Alcoholic Beverages: _____

Extent of Authority to Commit to Contract on Behalf of Manufacturer: _____

We certify as manufacturer, distiller, distributor, rectifier, or importer, that our official representative named above will, at all times, comply with the Laws, Rules and Regulations applicable to us as enforced and overseen by the Mississippi Department of Revenue. We further certify that we have been informed of such Laws, Rules and Regulations. Finally, the person signing this Application certifies under oath that all the information contained in this document is true and correct and he or she has the authority to sign this document as the manufacturer or on behalf of the manufacturer and acknowledges that this Application is being signed under the penalty of perjury pursuant to Mississippi Code Annotated Section 27-3-83(5).

By: _____ Name of Officer Title Date