Application

Alcohol Processing Permit

return to
Alcoholic Beverage Control
Division Permit Department
P. O. Box 22828
Jackson, MS 39225

Revised (03/19)
Instructions

☐ Please read instructions prior to completing this form.

☐ The applicant’s signature must be notarized by a licensed notary public.

☐ Submit either an original application for a sales tax number, a copy of the sales tax application, or if already granted a sales tax number, list the number in item ii of the application form.

☐ Provide on this application form the ownership classification of the applicant, whether a sole owner, partnership, corporation, limited liability company, trust or other. Note the instructions on who must file qualifying documents (Personal Record, Form 1001).

☐ Be sure to complete the permittee certification and oath ending this portion of the application.

☐ Each manager applicant must submit two (2) fingerprint cards with this application. The applicant must be fingerprinted by a law enforcement officer on ABC “applicant” fingerprint cards. The cards must be complete, legible, and capable of being classified by the Federal Bureau of Investigation. Some law enforcement agencies have ABC fingerprint cards on hand. If you need fingerprint cards, contact the Permit Department or visit your local MS Department of Revenue District Office. Submit certified funds in the amount of $32.00 per person payable to the “ABC-ff” with this application to cover the cost of processing your fingerprint cards.

☐ Your Mississippi Income Tax filing status, if applicable, will be verified for the past three (3) years. If our records indicate that you are delinquent in filing these returns (or you are indebted to the State of Mississippi for any other taxes or fees), you will be notified and must obtain clearance from your local Department of Revenue District Office before we can continue processing your application.

☐ Complete the waiver and authorization to release information. This release will assist us in verifying the information on your application.

☐ You are required to publish notice of your application in two (2) consecutive issues of a newspaper published in the town in which the business will be located. If no local newspaper exists, the notice may be published in the newspaper produced in the town located nearest your business and within the same County. The notice must be published in its entirety in ten point bold face type. An acceptable legal notice format is included in this packet. Submit with this application a publisher’s affidavit (obtained from the newspaper) as proof of publication.

☐ You must include a check for $25.00 payable to ABC for your Permit fee.
Alcohol Processing Permit Application

I. Applicant: ________________________________________________________________
   (Name of Sole Owner, Partnership, Limited Liability Company, or Corporation)

Mailing Address: ____________________________________________________________
   (Street / Post Office Box)       (City)  (State)    (Zip)

II. Business: ______________________________________________________________
    (Trade Name)

Address: _________________________________________________________________
   (Street)       (City)         (Zip)

County: ________________________________________ Sales Tax Number:__________

III. Type of applicant entity:

☐ Sole Owner   ☐ Corporation
☐ Partnership   ☐ Limited Liability Company
☐ Trust        ☐ Other ______________________

IV. Have you or any member of your partnership, LLC, association, or any officer, director, or stockholder of your corporation, ever been convicted of any of the following:  (answer each question)

A felony, regardless of its nature, in any State of federal court?  ☐ Yes  ☐ No
A violation of the local option alcoholic beverage control laws?  ☐ Yes  ☐ No
A violation of any other law relating to alcoholic beverages, beer or light wine?  ☐ Yes  ☐ No
A violation of any drug related law?  ☐ Yes  ☐ No

If you answered “yes” to any of the above, explain fully:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
V. How are alcoholic beverages used, or planned to be used, as an integral ingredient in your manufacturing process? *(attach additional explanation if needed)*

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

VI. Anticipated total amount, in gallons, of alcoholic beverages used in your manufacturing process annually:

________________________________________________________________________________________

VII. Will this business be operated as a **sole ownership** by the person applying for this Permit? ☐ Yes ☐ No
☐ If “yes,” submit a Personal Record (Form 1001) with this application.

VIII. Will this business be operated as a **partnership**? ☐ Yes ☐ No
☐ If “yes,” submit a Personal Record Form 1001, with this application.
☐ Each partner must submit a Personal Record Form 1001 with this application.
☐ Submit a copy of the partnership agreement with this application.

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<th>Partner Name</th>
<th>Home Address</th>
<th>Amount of Interest Owned</th>
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IX. Will this business be operated as a corporation? ☐ Yes ☐ No

☐ If “yes,” list the total amount of stock: _______ Common Stock: _______ Preferred Stock: _______

☐ Include a copy of the corporate charter

☐ Each officer, director, and stockholder owning 10% or more of the company’s stock must submit a Personal Record Form 1001

☐ List each officer, director, and stockholder of the company.

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<th>Name</th>
<th>Corporate Title</th>
<th>Address</th>
<th>Shares owned</th>
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X. Will this business be operated as a Limited Liability Company? ☐ Yes ☐ No

☐ If “yes,” list each member below, address, and percentage of ownership and indicate, where applicable, managing member.

☐ Each member of the Limited Liability Company must submit a Personal Record Form 1001

☐ Submit a copy of your Limited Liability Company agreement with this application

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<th>Name</th>
<th>Title</th>
<th>Address</th>
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XI. Will this business be operated as a trust? ☐ Yes ☐ No

☐ If “yes,” list the trustee and each beneficiary below.

☐ Each trustee must submit a Personal Record Form 1001 with this application.

☐ Submit a copy of your trust instrument with this application.

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<th>Name</th>
<th>Type</th>
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Certification and Oath

I, ________________________________, certify under penalty of perjury that the organization applying for this Alcohol Processing Permit does meet the qualifications for Sections 67-1-37, 67-1-51 (i), 67-1-55, 67-1-57 and 67-1-59. I affirm that this organization, in the exercise of this Permit, will comply with the Local Option Alcoholic Beverage Control laws, rules and regulations, relative to the purchase, sale, and handling of alcoholic beverages and will keep all records and make all reports and remittances as required. I certify that the information presented on the application to be true and correct to the best of my knowledge and belief. I also agree that making a material misrepresentation on this application (or attached Personal Record form) shall be evidence of a lack of trustworthiness as contemplated by Mississippi Code Ann. Section 67-1-57 and provide a basis for denial on this application.

Applicant signature  Title  Date

Sworn to and subscribed before me, this the __________ day of __________________________.

My commission expires: __________________________

Notary Public
Waiver and Authorization to Release Information

To whom it may concern:

I authorize you to furnish the Alcoholic Beverage Control Division of the Department of Revenue, with any and all information that you may have concerning me, my work record, my reputation, and my military service records. You may allow inspection or records by, and copies of these records may be provided to, an authorized representative of the Alcoholic Beverage Control Division. Information of a confidential or privileged nature may be included. Your reply will be used by the Department in determining my fitness and eligibility to be granted an Alcoholic Beverage Control Permit.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

I hereby release you, your organization and others from liability or damage which may result from furnishing the information requested.

_______________________________________________  ________________________________
Applicant’s Signature                          Date

_______________________________________________
Applicant trade name

Witness Signatures

_______________________________________________

_______________________________________________
Personal Record

1. Name ____________________________________________
   (last) (first) (middle)
   □ Sole owner □ Stockholder □ Trustee
   □ Partner □ Manager □ Trustee
   □ Officer □ LLC member

2. Name of business ____________________________________________

3. Date of birth______________ Age______________ Hair color______________
   Social Security No.* ____________ Sex______________ Eye color______________
   Driver’s licenses No. ____________ Height______________ Race______________
   Weight______________

   *This information is used for identification and in the administration of State tax laws. The Department is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(c)(i). Mississippi law requires all applicants under Mississippi Code Ann. §67-1-1 et seq. to provide Social Security Numbers. (Mississippi Code Ann. §67-1-53.) Any applicant who refuses to provide the required information will be denied the Permit.

4. Telephone no. (home)_______________________________________(business)____________________________________

5. List your residences for the past five years, starting with current address.
   from mo/yr to mo/yr Address City, State, Zip Code
   ______ ______ ___________________________ ___________________________
   ______ ______ ___________________________ ___________________________
   ______ ______ ___________________________ ___________________________
   ______ ______ ___________________________ ___________________________
   ______ ______ ___________________________ ___________________________
6. List your employment or occupational history for the past five (5) years.

<table>
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<th>mo/yr</th>
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<th>City, State</th>
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7. Have you filed and paid your Mississippi Income Taxes?  ☐ Yes  ☐ No

If "no," explain fully:

______________________________________________________________

8. Have you ever been convicted of any of the following: (answer each question)

☐ A felony in any State, federal or military court?  ☐ Yes  ☐ No

☐ A violation of the local option ABC laws, rules and regulations, or the prohibition laws in any State or local jurisdiction?  ☐ Yes  ☐ No

☐ A violation of any law relating to alcoholic beverages or beer (for example: dui, sales of alcohol to a minor, public intoxication, or sale of alcohol to a visibly intoxicated person, etc.)?  ☐ Yes  ☐ No

☐ A violation of any controlled substance related law?  ☐ Yes  ☐ No

If "yes" to 8a, 8b, 8c, or 8d, explain fully:

______________________________________________________________

List convictions (specific charges):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Date and jurisdiction of same:

______________________________________________________________

______________________________________________________________
Applicant's Signature   Date

State of _____________
County of ________________

This day personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named_______________________________who, after being by me first duly sworn, States on oath that the matters contained and set forth in the foregoing application are true and correct as Stated herein.

Sworn to and subscribed before me, this the ______ day of ________________________________.

________________________________________
Notary Public

My commission expires: _____________________
Waiver and Authorization to Release Information

To whom it may concern:

I authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue, any and all information that you may have concerning me, my work record, my reputation, and my military service records. You may allow inspection of records by, and copies of these records may be provided to, an authorized representative of the Alcoholic Beverage Control Division. Information of a confidential or privileged nature may be included. Your reply will be used by the Department in determining my fitness and eligibility to be granted an Alcoholic Beverage Control Permit.

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I hereby release you, your organization and others from liability or damage which may result from furnishing the information requested.

_________________________________________  ______________________________
Applicant’s Signature  Date

_________________________________________
Applicant trade name

Witness Signatures:

_________________________________________

_________________________________________
Legal Notice
Format for publication of original Permit application
Check applicable phrases

☐ I, ____________________________________________
   (Sole owner’s name)

☐ We, the partners of ____________________________
   (Partnership name)

☐ We, the officers of ______________________________
   (Corporate name)

☐ I or we, member(s) of __________________________
   (Limited Liability Company name)

I or we, member(s) of __________________________
intend to make application for an Alcohol Processing Permit as provided for by the Local Option Alcoholic Beverage Control laws, section 67-1-1, et seq., of the Mississippi code of 1972, annotated. If granted such Permit, I or we propose to operate as a

☐ Sole Owner
☐ Partnership
☐ Corporation
☐ Limited Liability Company

under the trade name of ____________________________________________
located ____________________________________________
   (Street)   (City)   (County)

The names, titles, and addresses, of the owners, partners, members, corporate officers, and/or majority stockholders of the above-named business are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This the ___________ day of ____________________________.