

**APPLICATION, RENEWAL**  
**ALCOHOLIC BEVERAGE RETAILER'S PERMIT**



— DEPARTMENT OF —  
**REVENUE**  
—  
STATE OF MISSISSIPPI

***RETURN TO***  
**ALCOHOLIC BEVERAGE CONTROL DIVISION**  
**PERMIT DEPARTMENT**  
**P.O. BOX 22828**  
**JACKSON, MS 39225**

**INSTRUCTIONS FOR FILING YOUR RENEWAL APPLICATION**  
**PLEASE READ PRIOR TO COMPLETING THIS FORM**

1. Each applicant, regardless of the type of permit to be renewed, must complete Items I through VII of this application. Private clubs, corporations, and LLC's must include each officer(s)/member(s) name and social security number. On-premise retailers not located within a qualified resort area must complete the supplemental income summary, section VI. Caterers are also required to complete this section.
2. Each manager must be approved and has to meet the same qualifications as an owner. If you have a change in manager, you must complete an application and submit it to the Permit Dept. Manager Applications and instructions are on the MSTC website. **www.dor.ms.gov** As a reminder, absentee or out of state owners must have an approved manager to oversee day to day operations.
3. ABC laws and regulations require that permit holders are current on all taxes, including income tax. If our records indicate that you are delinquent, you will be notified and must obtain clearance from your local MS Department of Revenue District Office. You must obtain this clearance in order for us to continue processing your application.
4. Include your renewal fees with your application. **NOTE: IF YOU ARE REQUIRED TO SUBMIT CERTIFIED FUNDS FOR PAYMENT OF YOUR ALCOHOLIC BEVERAGES, YOUR RENEWAL FEES MUST BE PAID WITH CERTIFIED FUNDS. DO NOT SEND CASH THROUGH THE U.S. MAIL. WE DO NOT DRAFT ACCOUNTS FOR RENEWAL FEES.**
5. Only the owner, if a sole ownership, a partner, if a partnership, or an officer, if a corporation, managing member, if an LLC, or trustee, if a trust, may sign this application. **MANAGERS CAN NOT SIGN YOUR RENEWAL FORM.** The signature must be notarized by a licensed Notary Public.
6. Include a copy of your current lease or deed to the property. **If you lease the business premises, the lease you submit must be valid through your permit year.** If you have already submitted a copy of your deed, you may submit a letter stating that your existing deed is unchanged.
7. If you haven't had any changes in your business since you initially obtained your permit, you are not required to submit a copy of your TTB Alcohol Dealer Registration, form 5630.5d. If you have experienced an ownership or location change, you must submit these changes to the TTB on a form 5630.5d and submit a copy with this application as proof of compliance.
8. This application must be filed thirty (30) days prior to the expiration of your permit.
9. Holders of a Wholesale Permit are required to submit an additional renewal application for that permit in addition to the renewal of a Package Retailer's Permit.

***SPECIAL NOTICE:*** *The ABC no longer requires that permit holders maintain a surety bond (or certificate of deposit) if your account is in good standing. Permit holders may still be required to post a surety bond if the Department of Revenue feels your business is a risk due to receiving non-sufficient fund checks, drafts or late payments.*

***If you have made any changes to your ABC Permit during the previous renewal year, you are required to have these changes approved by the Department before your permit will be renewed. Examples are change in your Corporate Officers, change in your LLC, etc.***

**If you have questions or need assistance,  
please contact the Permit Department at 601-923-7690.**

PERMIT DEPT. USE ONLY  
AMT. OF CHECK \_\_\_\_\_  
CHECK NUMBER \_\_\_\_\_  
PERMIT NUMBER \_\_\_\_\_

**APPLICATION FOR RENEWAL OF ABC PERMIT**

I. APPLICANT: \_\_\_\_\_  
(Name of sole owner, LLC, trust, partnership, or corporation)

Tradename: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (zip) (county)

Business Location: \_\_\_ inside city \_\_\_ outside city

Telephone Numbers: (b) \_\_\_\_\_ (h) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street/p.o.box) (city) (state) (zip)

Applicant primary e-mail address \_\_\_\_\_

| II. LICENSE TYPE                                    | FEE AMOUNT    |
|---|---------------|
| Class I Manufacturer, Distiller & Rectifier.....( ) | \$ 9,025.00   |
| Class II Manufacturer, Wine Manufacturer.....( )    | 3,625.00      |
| Class III Manufacturer, Native Wine.....( )         | 45.00         |
| Native Wine Retailer.....( )                        | 125.00        |
| Package retailer.....( )                            | 1,825.00      |
| On-premise retailer .....( )                        | 925.00        |
| On-premise retailer, Wine Only.....( )              | 475.00        |
| On-premise retailer, Club.....( )                   | 475.00        |
| Caterer's, for on-premise retailer's.....( )        | 325.00        |
| Caterer's.....( )                                   | 1,225.00      |
| Common Carrier.....( )                              | 145.00/120.00 |
| Solicitor's.....( )                                 | 125.00        |
| Research.....( )                                    | 225.00        |
| Alcohol processor.....( )                           | 25.00         |
| Wholesaler retailer.....( )                         | 000.00        |
| Special Service Permit.....( )                      | 475.00        |
| Merchant Permit.....( )                             | 475.00        |
| Event Venue Permit.....( )                          | 475.00        |

III. LIST YOUR TAXPAYER IDENTIFICATION NUMBERS:

1. Sales Tax Number: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Federal Tax Identification Number (EIN) \_\_\_\_\_

For partnerships, provide each partner's name and social security number.  
(Use separate page if more space is needed).

\_\_\_\_\_  
\_\_\_\_\_

For corporations or private clubs, provide each officer's name, title and social security number\*. (Use separate page if more space is needed.)

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For limited liability companies, provide each members name and social security number\*. (Use separate page if more space is needed.)

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For trusts, provide the name of the trustee and each trust beneficiary as well as their social security numbers.\* (Use separate page if more space is needed.)

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IV. HAS THERE BEEN ANY CHANGE IN YOUR PERMIT DURING THE PAST YEAR (OWNERSHIP, OFFICERS, LOCATION, ETC)? \_\_\_\_\_ If "yes" explain fully: \_\_\_\_\_

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V. LIST YOUR CURRENT MANAGER(S) BY NAME AND SOCIAL SECURITY NUMBER\*:

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*\*This information will be 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). Additionally, Mississippi law requires all applicants under Miss. Code Ann. §67-1-1 et seq. to provide social security numbers. Miss.Code Ann. §67-1-53. Any applicant who refuses to provide the required information will be denied the permit.*

VI. SUPPLEMENTAL INFORMATION, ON-PREMISE RETAILERS & CATERERS

|                                    | AMOUNT   | PERCENTAGE |
|------------------------------------|----------|------------|
| a. Lodging income                  | \$ _____ | _____      |
| b. Food sales income               | \$ _____ | _____      |
| c. Beer sales income               | \$ _____ | _____      |
| d. Alcoholic Beverage sales income | \$ _____ | _____      |
| e. Other income                    | \$ _____ | _____      |

FOR THE PERIOD \_\_\_\_\_ THROUGH \_\_\_\_\_, 20\_\_\_\_.

Month Month Year

**NOTE: PERMIT HOLDERS THAT ARE REQUIRED TO MEET THE 25% FOOD SALES REQUIREMENT MUST PROVIDE A COPY OF THEIR CURRENT CLASS II OR HIGHER HEALTH DEPT. FOOD SERVICE PERMIT WITH THIS RENEWAL APPLICATION.**

**PERMITTEE CERTIFICATION AND OATH**

I, \_\_\_\_\_, certify under penalty of perjury that the organization applying for this Alcoholic Beverage Retailer's Permit does meet the qualifications of a permittee as described in Sections 67-1-5, 67-1-51, 67-1-55 and 67-1-69 of the Mississippi Code of 1972, Annotated. I affirm that this organization will comply fully with the provisions of the Local Option Alcoholic Beverage Control Laws, Rules and Regulations in the purchase, sale, and handling of alcoholic beverages and will keep all records and make all reports and remittances as required thereby. I certify that the information presented on this 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 shall be evidence of a lack of trustworthiness as contemplated by MS Code Ann. Section 67-1-57 and provide a basis for denial on this application.

SIGNATURE: \_\_\_\_\_  
(Sole Owner, Partner, Officer, Managing Member, Trustee)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTARY**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally 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 and things contained and set forth in the above application are true and correct as stated therein.

Sworn to and subscribed before me, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_