

Revised (10/19)

Application
Alcohol Processing Permit



— DEPARTMENT OF —
REVENUE
—
STATE OF MISSISSIPPI

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

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.
- 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.

Permit Department use only

Check number _____

Permit number _____

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
- Partnership
- Trust
- Corporation
- Limited Liability Company
- 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 or 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.

Partner Name	Home Address	Amount of Interest Owned
---------------------	---------------------	---------------------------------

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.

Name	Corporate Title	Address	Shares owned
------	-----------------	---------	--------------

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

Name	Title	Address	Percentage owned
------	-------	---------	------------------

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.

Name	Type	State of Residency
------	------	--------------------

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

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	to	Address	City, State, Zip Code
mo/yr	mo/yr		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List your employment or occupational history for the past five (5) years.

<i>mo/yr</i>	<i>mo/yr</i>	<i>Employer</i>	<i>City, State</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Notary

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.

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:

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)

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

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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 _____, _____