

Account Number

Amount Paid

Date Paid

Winery Direct Shipper's Permit Application

Note: Only holders of alcohol beverage licenses that authorize the manufacture of vinous liquor are eligible for this permit.

Name of Applicant

Phone Number

Trade Name of Establishment (DBA)

Email Address

Address of Vinous Manufacturing Premises

FEIN

City

County

State

ZIP Code

Mailing Address (Number and Street)

City or Town

County

State

ZIP Code

Federal Basic Permit number

Is applicant licensed by any state as a manufacturer of vinous liquor?..... ☐ Yes ☐ No

State

License Number

If so, list and . (copy of license must be attached)

Does applicant currently have a Colorado wine and spirits importer's license?..... ☐ Yes ☐ No

License Number

If so, list .

Do you intend to solicit orders from any Colorado liquor-licensed wholesaler or retailer?..... ☐ Yes ☐ No

(If yes, please explain on a separate sheet)

Please name your intended common carrier

Do you affirm that

- a.) your shipping container will contain the required labeling;
- b.) you will not ship to persons under twenty-one (21) years of age;
- c.) you will not ship to persons who are visibly intoxicated; and d.) will verify valid proof of identity of person receiving order?.....

☐ Yes ☐ No

Please list your company's brands that you intend to ship into the State of Colorado. Attach a separate sheet if necessary.

Do you acknowledge that you are responsible for the payment of all Colorado
vinous liquor excise taxes and applicable surcharges on wines shipped
into Colorado?.....

☐ Yes ☐ No

Please attach a check for \$100.00 payable to the Colorado Department of Revenue.

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Oath Of Applicant

Authorized Signature

Title

Date (MM/DD/YY)