

Account Number

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Amount Paid Date Paid

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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

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Phone Number

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Trade Name of Establishment (DBA)

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Email Address

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Address of Vinous Manufacturing Premises

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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

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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

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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

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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

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Title _____ Date (MM/DD/YY) _____

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