

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION FOR AMENDED BASIC PERMIT UNDER FEDERAL ALCOHOL ADMINISTRATION ACT

(See instructions on the reverse side)

1. NAME OF PERMITTEE	2. PERMIT NUMBER(S) TO BE AMENDED	3. EMPLOYER IDENTIFICATION NUMBER
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REASON FOR CHANGE

4. CHANGE NAME ON PERMIT	TO	5. CHANGE ADDRESS ON PERMIT	TO (Number, street, route, city or town, state and ZIP Code)
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6.	ADD NEW TRADE NAME(S) (State the purpose for which each trade name will be used. Use of trade name as a brand name on a label requires additional approval on ATF F 5100.31.)
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CHANGE IN TRADE NAME(S)	REMOVE TRADE NAME(S)
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7. CHANGE OPERATIONS	CHANGE OPERATIONS ON PERMIT TO
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8.	REMOVE NAME
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CHANGE IN OFFICER, DIRECTOR, STOCK-HOLDER OR INVESTOR (See instruction 1)	ADD
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a. FULL GIVEN NAME (no initials)	b. OTHER NAMES USED (include maiden and married)	c. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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d. SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER	e. BIRTH DATE	f. PLACE OF BIRTH
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g. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	h. NUMBER AND TYPE OF SHARES HELD if person holds more than 10 percent.
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i. TITLE WITH APPLICANT'S BUSINESS	j. INVESTMENT IN PERMITTEE'S BUSINESS if more than 10 percent of capital.
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k. RESIDENCES OR PRINCIPAL PLACES OF BUSINESS DURING PAST 5 YEARS	(1) NEW \$	(2) SOURCE OF FUNDS (examples, savings, loan, gift).
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l. HAS THIS PERSON EVER BEEN ARRESTED FOR, CHARGED WITH, OR CONVICTED OF, ANY CRIME UNDER FEDERAL, STATE OR FOREIGN LAWS other than misdemeanor traffic violations or convictions that are not felonies under Federal or State law? <input type="checkbox"/> YES. State details of each event on a separate sheet. <input type="checkbox"/> NO

m. HAS THIS PERSON EVER BEEN DENIED A PERMIT, LICENSE OR OTHER AUTHORIZATION TO ENGAGE IN ANY BUSINESS TO MANUFACTURE, DISTRIBUTE, IMPORT, SELL OR USE ALCOHOL PRODUCTS (beverage or nonbeverage) BY ANY GOVERNMENT (Federal, State, local or foreign) AGENCY OR HAD SUCH PERMIT, LICENSE OR OTHER AUTHORIZATION REVOKED, SUSPENDED OR OTHERWISE TERMINATED? <input type="checkbox"/> YES (State the details on a separate sheet.) <input type="checkbox"/> NO

9. ADDITIONAL INFORMATION. ATF may require additional evidence necessary to verify this application.
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10. PERMITTEE'S AFFIRMATION. Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete. The business for which this permit is granted does not violate the law of the State in which business will be conducted.

11. SIGNATURE OF AUTHORIZED INDIVIDUAL	12. TITLE	13. TELEPHONE NO.	14. DATE
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15. E-MAIL (INTERNET) ADDRESS (optional):

ATF USE ONLY

16. SIGNATURE AND TITLE OF ATF OFFICIAL	17. DATE
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INSTRUCTIONS

- GENERAL.** File this application if you want to amend your permit under the Federal Alcohol Administration Act (FAA Act) or to notify the Bureau of Alcohol, Tobacco and Firearms (ATF) of a change in the ownership, management or control. In the case of a corporation, report any change in the officers, directors, or persons (*individual or business*) who own or control more than 10 percent of the voting stock. When a change results in an actual or legal change in control or a new person acquires a permittee's business, file an application for a new permit (ATF F 5100.24). Neither the filing of this application nor its approval allows a business to violate State or local laws, such as registration of trade names and licensing requirements.
- FILING.** Complete all applicable items. Attach your permit to this application if you are requesting any amendments identified in items 4 through 7. If you need additional room, use a separate sheet. Put your name, permit number(s), date of application and the item number(s) on each separate sheet. File two copies of this form and any attachments with the appropriate ATF office listed below. Also, contact this office if you have questions.
- INFORMATION ON FILE.** You may reference information if you filed it with a valid ATF permit or an application that is pending with ATF. Reference the appropriate item(s) of this application. Include the name of the applicant or the permittee, and the ATF permit number or the type and date of the application.
- OPERATIONS WITHOUT AN AMENDED PERMIT.** In general, criminal and administrative actions may be taken against persons operating without a valid FAA Act permit. Before you conduct any operations with any change specified in items 4 through 7, you must apply for, and receive, an approved permit. Immediately notify ATF of any changes in the ownership or management in a permittee's business.
- ITEM 5 - SPECIAL TAX STAMP.** If you move or change the location of your business, send your special tax stamp for amendment with ATF F 5630.5, Special Tax Registration and Return, within 30 days of the change. You do not need a special tax stamp when your business only involves the importation or sale of fermented cereal beverages which have an alcoholic content of less than ½ percent or where your business is only in Puerto Rico.

<u>Location of Business on permit</u>	<u>Send to: ATF</u>	<u>Telephone Number</u>
CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT	Curtis Center, Suite 875 Independence Square West Philadelphia, PA 19106	215-597-2246
CA	221 Main Street, 11th Floor San Francisco, CA 94105	415-744-7011
PR	Chief, Puerto Rico Operations Federal Building, Room 659 Carlos Chardon Street Hato Rey, PR 00918	809-766-5584
ALL OTHER STATES	Federal Office Building 550 Main Street Cincinnati, OH 45202-3263	800-398-2282

- ITEM 11 AND 12 - SIGNING THE APPLICATION.** If the permittee is an individual, the individual shall sign. If the permittee is a corporation, the president, vice-president or other principal officer shall sign. If the permittee is a partnership or other unincorporated organization, a responsible and authorized member or officer having knowledge of its affairs shall sign. If the permittee is a trust or estate, the fiduciary shall sign. If an agent of the permittee signs, file an acceptable power of attorney (*for example ATF F 5000.8*) with the appropriate ATF office.
- APPROVAL.** If you complete any of items 4 through 7 and attach your permit, ATF will send the amended FAA Act permit to you. If you complete item 8, ATF will return a copy of this application for your files.

PRIVACY ACT INFORMATION

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974:

- AUTHORITY.** Solicitation of information on ATF F 1643 (5100.18) is made pursuant to 27 U.S.C. Section 204(c). Disclosure of this information by the applicant is mandatory if the applicant wishes to obtain an amended basic permit under the Federal Alcohol Administration Act.
- PURPOSES.** To identify the permittee; the location of the premises; and to determine the eligibility of the permittee to obtain an amended basic permit.
- ROUTINE USES.** The information will be used by ATF to make determinations set forth in paragraph 2 above where such disclosure is not prohibited. ATF officers may disclose this information to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and for enforcement of the laws of such other agency. The information may be disclosed to the Justice Department if the application appears to be false or misleading. ATF officers may disclose the information to individuals to verify information on the application where such disclosure is not prohibited.
- EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED.** ATF may delay or deny the issuance of the FAA Act basic permit where information is missing or not complete.
- DISCLOSURE OF EMPLOYER IDENTIFICATION NUMBER AND SOCIAL SECURITY NUMBER.** You do not have to supply these numbers. These numbers are used to identify an individual or business. If you do not supply these numbers, your application may be delayed.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will conform to Federal laws and regulations. This information is required to obtain a benefit and is mandatory by statute (27 U.S.C. 203 and 204(c)).

The estimated average burden associated with this information collection is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.