

B-C-785 Alcoholic Beverage Excise Tax Registration Form

Permit Issue Date: _____

1. Federal Employer ID Number: _____ or Social Security No.: _____

2. NC ABC Permit Type and Number (*List the permit number for each of the following permit types you may hold*):

Permit Type	Permit Number	Permit Type	Permit Number
Malt Beverage Wholesaler		Wine Wholesaler	
Malt Beverage Importer		Wine Importer	
Brewery		Unfortified Winery	
Non-Resident Malt Beverage Vendor		Fortified Winery	
		Non-Resident Wine Vendor	
Distillery		Wine Shipper	
ABC Board		Wine Producer	

3. Type of Form: Initial Registration Change in Registration Information

4. Type of Ownership: Proprietorship Corporation LLC Partnership
 Limited Partnership Other (Specify) _____

If out-of-state business, state of incorporation or organization: _____

If in-state Corporation or LLC, enter N.C. Secretary of State ID No.: _____

5. Daytime Business Phone: _____ Fax Number: _____

6. Legal Business or Owner's Name: _____

7. Trade Name (DBA Name): _____

8. Business Location: Street _____
(No P.O. Box numbers) City _____ State _____ Zip _____

9. Mailing Address: Street or P.O. Box _____
City _____ State _____ Zip _____

10. Email Address: _____

11. Identify all owners/officials of the business entity (i.e. corporate officers; LLC members; partners; sole proprietor): (*attach extra page if necessary*)

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

12. Name of Contact Person: _____

If the contact person is someone other than an individual listed in #11 above as an owner, officer, member, or partner of the business entity, complete and submit Form Gen-58, Power of Attorney and Declaration of Representative, in order for the Department to discuss tax matters with your designated contact person.

13. Will you offer tastings? Yes No

Signature: _____ Title: _____ Date: _____

I certify that, to the best of my knowledge, this return is accurate and complete.

A person or business who holds any North Carolina Alcoholic Beverage Control (ABC) permit(s) identified in N.C.G.S. §§ 105-113.83A or 18B-1001.2 must register with the Department of Revenue for Excise Tax purposes. **Please complete this registration form in detail.** The permittee must notify this office of any changes in the registration information **as such changes occur.**

North Carolina Department of Revenue, Attn: Registration,
3301 Terminal Drive, Suite 125, Raleigh, NC 27604
Phone Number: (919) 707-7500 Toll Free: (877) 308-9092

Submit this Registration Form by mail to the above address or by fax to (919) 250-7898