

Alaska Alcoholic Beverage Excise Tax License Application

403.1

<input type="checkbox"/> EIN <input type="checkbox"/> SSN	License Number	<input type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Distillery	Is this a renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name		Taxpayer Name		License Year
Mailing Address		Physical location where this license is applicable		
City	State	Zip Code	Contact Telephone	Business Telephone
Contact Person		Contact Email		Contact Fax

Business Owner's Name		Contact Telephone		
Business Physical Address		City	State	Zip Code
Name of personnel who may authorize immediate inspection of the licensed business. Use additional pages as necessary.				

Estimated Maximum Monthly Tax Calculation

	Estimated maximum monthly production for license year (gallons)		Alcoholic beverages excise tax rates		Excise tax
Liquor		X	\$12.80	=	
Wine & other		X	\$2.50	=	
Beer, cider & malt beverages		X	\$1.07	=	
Beer (microbreweries)		X	\$0.35	=	
Total estimated maximum monthly tax				=	

Your estimated maximum monthly tax liability must be secured by a surety bond or at its discretion, DOR may issue a permit in lieu of a bond.

- Surety Bond in the amount of \$25,000. Attach the Alcoholic Beverages Surety Bond (Form 405).
- Permit in lieu of bond (cash, letter of credit or certificate of deposit from an Alaska Bank in an amount equal to the total estimated maximum monthly tax indicated above). You must be doing business wholly in the state of Alaska to qualify. For new applicants, attach a written request for permit in lieu of bond.

I declare under penalty of unsworn falsification that this application and any attachments have been examined by me and to the best of my knowledge and belief are true, I agree to pay all alcoholic beverage excise taxes imposed by AS 43.60. I agree to file a monthly tax return.

Signature of Applicant (must be an owner or corporate officer)	Printed Name	Date
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Pay online at www.tax.alaska.gov
Online payment receipt # _____
or make check payable to State of Alaska

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Mail to: Alaska Department of Revenue, 550 W 7th Ave STE 500, Anchorage AK 99501-3555

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