

State of Alaska
 Department of Revenue
 Tax Division
 550 W Seventh Ave, Suite 500
 Anchorage, AK 99501-3555

**Alcoholic Beverage Excise Tax
 Permit Application
 For the Period July 1, 2003 - June 30, 2004**

Voice: 907.269.6620
 Fax: 907.269.6644
 E-Mail: alcohol_excise@revenue.state.ak.us

Is this a renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Distiller	
License Number, if renewal	Federal EIN	SSN if sole proprietor	Telephone Number
Taxpayer Name		Business Name	E-Mail Address
Mailing Address		City	State Zip + 4

Business Owner's Name	Contact Telephone		
Business Physical Address	City	State	Zip + 4

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 Beverage 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 either by surety bond or permit in lieu of bond.

Check one:

- Surety Bond in the amount of \$25,000.
- Permit in lieu of bond. Attach the last three years financial statements, plus a letter requesting this 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, correct and complete. 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 (You must be an owner or corporate officer)	Printed Name	Date
--	--------------	------