

NEVADA DEPARTMENT OF TAXATION  
1550 E. COLLEGE PARKWAY STE. 115  
CARSON CITY NV 89706  
(775) 684-2122

LIQUOR WHOLESALER DESIGNATION AND ACCEPTANCE FORM

**1. SUPPLIER:** Must be the original owner/manufacturer or designated agent (appointment must be attached before submitting this form).

\_\_\_\_\_  
(Supplier's Firm Name) (Certificate of Compliance Number)

\_\_\_\_\_  
(Mailing Address) (City, State, Zip Code)

Pursuant to NRS 369.386, the above named supplier hereby appoints Vin Sauvage  
(Nevada Importer/Wholesaler, City – One Location Per Form)  
to receive shipments of alcoholic beverages under the following list of brand names:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

(Attach additional sheets if necessary)

**2.** I have appointed the following person as resident agent in the State of Nevada upon which any service or process or any notice may be served pursuant to NRS 369.430. (May be Nevada Importer/Wholesaler.)

Agent's Name: Vin Sauvage

Agent's Address: 4050 West Sunset Road, Suite D – Las Vegas, NV 89118

I certify I will notify the Department of Taxation, Liquor Division, of any changes regarding the above appointments.

Date: \_\_\_\_\_ Name in print : \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Supplier)

PLEASE FORWARD TO NEVADA IMPORTER/WHOLESALER AFTER COMPLETING SUPPLIER PORTION  
AND ATTACHING ALL REQUIRED DOCUMENTATION

**3. WHOLESALER:**

Vin Sauvage hereby accepts the appointment from  
(Importer/Wholesaler)

\_\_\_\_\_ to receive the above listed brands per NRS 369.386.  
(Name of Supplier)

Date: \_\_\_\_\_ Authorized signature: \_\_\_\_\_  
(Nevada Importer/Wholesaler)

PLEASE COMPLETE AND RETURN TO THE DEPARTMENT OF TAXATION AFTER SUPPLIER AND  
NEVADA IMPORTER/WHOLESALER HAVE SIGNED