

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

APPLICATION FOR CERTIFICATE OF COMPLIANCE

SUBMIT \$50.00 FEE FOR CURRENT FISCAL YEAR JULY 1 TO JUNE 30

DBA, if any: _____ Phone No: _____

Name of Company: _____ FEIN No: _____

Business Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

The above named hereby applies to the Department of Taxation for a Certificate of Compliance, pursuant to Nevada Revised Statutes, Chapter 369.430. **ENCLOSE COPY OF FEDERAL BASIC PERMIT.**

_____ Applicant is a Corporation () Partnership () Individual ()

_____ Applicant will be selling to Nevada wholesalers () Directly to Nevada consumers ()

Owners, Partners or Officers:

Applicant is an Importer _____, Brewer _____, Distiller _____, Manufacturer _____, Producer _____, Vintner _____, Bottler of Liquor _____, or the designated agent of one of these _____ (copy of designation attached).

Under NRS 597.210 and Sections 1 and 2, effective May 1, 1975:

Applicant is not engaged in the liquor business in the State of Nevada as an owner, partner or through a subsidiary, affiliate, ownership equity or in any other manner. This covers the import/wholesale level as well as the retail level.

Applicant promises if granted a Certificate of Compliance: (1) to faithfully comply with all laws of the State of Nevada pertaining to the sale and shipping of liquors into Nevada and to comply with all rules and regulations of the Department of Taxation; (2) to furnish the Department on or before the 10th of each month, an LTD 04 report with copies of invoices, showing the quantity of liquor sold, shipped, or delivered to each licensed liquor import/wholesaler or permittee in Nevada. Such reports shall state: (1) name and location/address of the Nevada import/wholesaler or permittee to whom each shipment was made; and (2) invoice number, date and number of packages or cases, and the breakdown in gallons by alcoholic percent content.

Executed _____ day of _____ 20 at _____, _____ (City) _____ (State)

Signature: _____
(Owner, Partner or Officer)



*Remember to submit a copy of your federal basic permit and your check for the \$50.00 fee with this completed application.
Compliance Services: Power of attorney*

Date: _____ Amt: _____
Ck No: _____
Init: _____