



APPLICATION FOR RENEWING BRANDS OF DISTILLED SPIRITS AND WINES
(No new brands may be included on this form)

TAX PERIOD 6/1/09 - 5/31/10		LEGAL NAME (REGISTRANT) _____	REGISTRANT'S FEDERAL EIN NO. _____
D/B/A NAME, IF ANY _____		5. BUSINESS TELEPHONE # () _____ FAX # _____	CONTACT PERSON NAME: _____ TELEPHONE # _____ FAX # _____
BUSINESS LOCATION ADDRESS		BUSINESS MAILING ADDRESS	
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)		P.O. BOX, STREET, ROUTE OR HIGHWAY	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE

In accordance with the provisions of T.C.A. 57-3-301, the undersigned does hereby request renewal of the brand(s) of alcoholic beverages listed on the attached schedule for distribution in the State of Tennessee.

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|--|-------|------------|----------|
| 1. Number of brands of distilled spirits with Tennessee wholesale sales of 50 cases or more the previous year. | _____ | x \$ 250 = | \$ _____ |
| 2. Number of brands of distilled spirits with Tennessee wholesale sales of less than 50 cases the previous year. | _____ | x \$ 100 = | \$ _____ |
| 3. Number of brands of wine with Tennessee wholesale sales of 250 cases or more the previous year. | _____ | x \$ 250 = | \$ _____ |
| 4. Number of brands of wine with Tennessee wholesale sales of less than 250 cases the previous year. | _____ | No Tax | |
| 5. Total Amount Remitted | | T-11 | \$ _____ |

This is to certify that information contained herein and on the attached schedule is true and correct to the best of my knowledge.

 Print or Type Name of Officer

 Signature of Officer of Company

 Title

 Name of Manufacturer

 Date

INSTRUCTIONS

- Application should be printed legibly or typed and each field must be completed.
- The privilege tax year is June 1 through May 31 of each year.
- Application must be signed and dated by an officer of the company.
- Payment equal to the amount of Line 5 must be submitted with this application.
- Mail application to: Tennessee Department of Revenue, 500 Deaderick Street, Nashville, TN 37242

