



NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY STE. 115
CARSON CITY NV 89706
(775) 684-2125 or (775) 684-2126

APPLICATION FOR CERTIFICATE OF COMPLIANCE

SUBMIT \$50.00 FEE IN U.S. FUNDS FOR CURRENT FISCAL YEAR JULY 1 TO JUNE 30

A COPY OF FEDERAL BASIC PERMIT OR BREWERS NOTICE MUST BE SUBMITTED WITH THIS APPLICATION

1	Name of Company:	Phone No:
2	DBA, if any:	Fax No:
3	Address from where the Liquor Ships:	Zip Code:
4	Business Address:	Zip Code:
5	Mailing Address:	Zip Code:
6	Email Address:	7 FEIN No:

The above named hereby applies to the Department of Taxation for a Certificate of Compliance, pursuant to Nevada Revised Statutes, Chapter 369.430.

8	Application is being submitted for: <input type="checkbox"/> New Business <input type="checkbox"/> Change in Name or Location <input type="checkbox"/> Additional Location
9	Applicant will be selling to: <input type="checkbox"/> Nevada wholesalers <input type="checkbox"/> Directly to Nevada consumers
10	Business Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:
11	List Owners, Officers, Members or Partners. Attach additional sheets if needed:

12	Business is Operating as a: <input type="checkbox"/> Importer <input type="checkbox"/> Brewer <input type="checkbox"/> Distiller <input type="checkbox"/> Manufacturer <input type="checkbox"/> Producer <input type="checkbox"/> Vintner <input type="checkbox"/> Bottler of Liquor <input type="checkbox"/> Rectifier <input type="checkbox"/> Or the designated agent of one of these (copy of designation attached)
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13	<u>APPLICANT REQUIREMENTS IF GRANTED A CERTIFICATE OF COMPLIANCE:</u> (1) Must 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) submit a completed LT 08 for each designated Importer/Wholesaler; (3) submit to the Department a LTD 04, on or before the 10th of each month, if shipping directly to Nevada licensed Importer/Wholesaler (4) submit to the Department a LIQ- STC tax return, on or before the 20 th of the month, only after shipping directly to a Nevada consumer.
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The Department may contact you regarding possible additional licensing requirements.

14	APPLICANT'S AFFIRMATION: I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing. In addition, I have read NRS 369 and understand that I am expected to comply with Nevada liquor laws and all federal laws. Noncompliance will result in revocation of my Nevada certificate of compliance liquor license. Signature of Responsible Party: Name: Title: 15 Date:
16	Authorized Agent (Compliance Company) – Attach Power of Attorney with application to be authorized.

For Department Use Only: Application Approved: ☐ Yes ☐ No

Date: _____ Initial: _____ PM Date: _____ Amt: _____ Ck No: _____

CERTIFICATE OF COMPLIANCE APPLICATION INSTRUCTIONS

Supplier/Certificate of Compliance Holder – (NRS 369.430) The first person having ownership of alcohol in the United States, holding a valid Certificate of Compliance to ship to Nevada importers, and/or directly to Nevada consumers.

Limitations on engaging in business of importing, wholesaling or retailing alcoholic beverages – (NRS 597.210) A supplier shall not engage in the business of importing, wholesaling or retailing alcoholic beverages.

- 1. Name of Company:** Enter the name as registered on the State Business License.
- 2. DBA:** Enter the name as it will be known to the public. The name you will be doing business as. A trade name listed on your TTB permit can also be used.
- 3. Address from where the Liquor Ships:** Enter the liquor shipping address. If the address is different than what is listed on your Federal Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB), please complete and submit the Certificate of Compliance Address Affidavit attached to this application.
- 4. Business Address:** Enter in the complete company address.
- 5. Mailing Address:** This address will be used by the Department to mail licenses, renewals and correspondence.
- 6. Email Address:** Enter Email (Internet) Address Information.
- 7. FEIN:** Enter the Federal Tax Identification Number for this business. For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/businesses>. If you have applied for your number and have not received it, write "PENDING". If your FEIN changes, you must complete a new Application.
- 8. Application is being submitted for:** Check if you are applying for a new business, if the licensed name or location has changed or if adding a new location. Please note: Any changes to your name or location must be reflected on your federal basic permit.
- 9. Applicant will be selling to:** Check the boxes that apply. You may check both boxes if both apply, if applicable by statute.
- 10. Business Entity Type:** Indicate entity type as filed on your State Business License.
- 11. List Owners, Officers, Members, Partners, etc.:** Include the full name and title of each owner, officers, members, partners, etc. for the business.
- 12. Business is Operating as a:** Indicate the type of business that the company will be operating as in Nevada.
- 13. Applicant Requirements:** (1) Comply with Taxation rules and regulations; (2) file a Designation and Acceptance form (LT 08) filled out by the supplier, accepted by signature of the Importer/Wholesaler, and returned to the Department's Carson City office prior to shipping to Nevada; (3) file a Report of Shipment (LTD 04) on or before the 10th of each month, only if shipping to Nevada Licensed Importers/Wholesalers; (4) file a LIQ- STC Tax Return with corresponding invoices on or before the 20th of the month, only for months that you shipped directly to Nevada consumers.
- 14. Applicant's Affirmation (required):** Legal signatures include sole proprietor- owner, corporate officer, managing member, partner or power of attorney holder (must be attached). By signing the application you are making a declaration the information provided is correct and you have read and understand NRS 369.
- 15. Date:** Date the document was signed by responsible party.
- 16. Authorized Agent:** Any authorized agent, such as a compliance company, must attach a Power of Attorney from the business to be registered in order to be authorized on the account.

Submit the completed application with the \$50 license fee, a copy of your Federal Basic Permit or Brewers Notice and, if applicable, a Power of Attorney to the Carson City address.

TID: _____

NEVADA DEPT OF TAXATION
CERTIFICATE OF COMPLIANCE ADDRESS AFFIDAVIT

I, _____ hereby swear and affirm that the
Authorized Person
following is true and correct.

I declare that the address provided below is the location from where the liquor will be shipped for
Certificate of Compliance Holder _____,
Entity Name
_____.
DBA Name

Shipping Address: _____
City: _____
State: _____ Zip: _____

Please provide a brief explanation of why the liquor does not ship from the Certificate of Compliance
location listed on the Federal Basic Permit.

Signature of Authorized Person _____ Date _____

Title

Address

Telephone Number

Please provide a copy of your Federal Basic Permit showing the actual Certificate of Compliance location.



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>
Call Center: (866) 962-3707

LAS VEGAS OFFICE
700 E. Warm Springs Rd, Suite 200
Las Vegas, Nevada 89119
Phone (702) 486-2300
Fax (702) 486-2373

JOE LOMBARDO
Governor
JAMES DEVOLLD
Chair, Nevada Tax Commission
SHELLIE HUGHES
Executive Director

CARSON CITY OFFICE
1550 College Parkway, Suite 115
Carson City, NV 89706-7937
Phone: (775) 684-2000
Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane, Suite L235
Reno, NV 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

MANDATORY QUESTIONNAIRE - Certificate of Compliance Holders

With the passing of Senate Bill 307, the Department is requiring all Certificate of Compliance holders to complete this questionnaire to establish their business model. Below are questions which must be answered to identify if this bill will affect your company's operations. The full text of the bill can be found at: <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7922/Text#>.

Please answer the questions below in their entirety and return with the Certificate of Compliance packet to the Department, via postal mail to 1550 College Pkwy, Ste 115 Carson City, NV 89706.

1. Are you a designated agent for a brewer, distiller, manufacturer, rectifier, producer, vintner, or bottler of the liquor? Yes ☐ No ☐ If yes, please list all companies you hold a designation with:

2. Are you a retailer of liquor in your state? Yes ☐ No ☐ Retailers may include a stand-alone brick and mortar store in which consumers can purchase your products at retail or an online retail store. If yes, please describe how your retail business operates below:

3. Do you sell alcohol to consumers in Nevada? Yes ☐ No ☐ If yes, what alcohol do you sell to consumers in Nevada? ☐ Wine ☐ Beer ☐ Distilled Spirits

4. Do you operate a wine of the month club? Yes ☐ No ☐ Beer of the month club? Yes ☐ No ☐

5. Do you only sell liquor to State of Nevada Wholesalers/Importers? Yes ☐ No ☐

Taxpayer Acknowledgement

I, the undersigned, attest I am an owner or authorized representative of the company and I have completed the questions above and, to the best of my knowledge and belief, the above answers are true, correct, and complete.

Name:

TID & Location:

Title:

Date:

Email Address:

Signature: