



APPLICATION FOR LIQUOR WHOLESALER LICENSE

Initial Application: _____

Renewal: _____

If Renewal, please list current license number: _____

FOR OFFICE USE ONLY

License Number: _____

Date Issued: _____

Processed By: _____

Check One (1) Only:

Separate applications must be completed for each type of license requested

WHOLESALER - BEER/WINE

WHOLESALER - SPIRITS

1. Applicant's Corporate or Company Name : _____

2. Federal Employer's Identification Number (EIN) : _____

3. Business/Mailing Address : _____
(City, State, Zip) _____

Telephone No: _____

Fax No: _____

4. Type of Business (Check One) :
 Sole Proprietorship Partnership
 Governmental Entity or Enterprise Corporation
 Other (Explain) _____

5. Contact Person : _____ Telephone Number, if different from #3 (Above).

Title : _____

Email Address: _____

For Question 6, please indicate N/A if not applicable.

6.a. List names, titles and addresses of all **corporate officers** of your business (attach additional pages if necessary) :

	<u>Name and Title</u>	<u>Mailing Address</u>
1	_____	_____
	_____	_____
2	_____	_____
	_____	_____

6.b. List names, titles and addresses of all **directors** of your business (attach additional pages if necessary) :

	<u>Name and Title</u>	<u>Mailing Address</u>
1	_____	_____
	_____	_____
2	_____	_____
	_____	_____

6.c. List names, titles and addresses of all **general partners** of your business (attach additional pages if necessary) :

	<u>Name and Title</u>	<u>Mailing Address</u>
1	_____	_____
	_____	_____
2	_____	_____
	_____	_____

6.d. List names, titles and addresses of all **shareholders*** with controlling interests in your business (attach additional pages if necessary) :

	<u>Name and Title</u>	<u>Mailing Address</u>
1	_____	_____
	_____	_____
2	_____	_____
	_____	_____

*if ≤ 15 shareholders, list all; if more than 15 shareholders, list those with $\geq 5\%$ of ownership

6.e. List names, titles and addresses of all principal officers of your business (attach additional pages if necessary) :

	<u>Name and Title</u>	<u>Mailing Address</u>
1	_____	_____
	_____	_____
2	_____	_____
	_____	_____

7. Has the applicant, or any officer or director thereof, ever been convicted of a felony?

Yes No

If yes, explain : _____

8. Has the applicant, or any officer or director thereof, been found to have violated any applicable Navajo Nation or federal law within the past 10 years?

Yes No

If yes, explain : _____

9. Has the applicant, or any officer or director thereof, had any temporary or permanent suspension or revocation of any license or other authorization pertaining to the transportation, sale, delivery, or consumption of liquor?

Yes No

If yes, explain : _____

10. Submit proof of state license for selling liquor at wholesale.

11. Please indicate your agreement to the terms and conditions of this license by signing the attached "Terms and Conditions".

Failure to do so will result in a denial of your license application.

I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation laws and regulations.

Licensee or Duly Authorized Agent Signature

Title

Print or Type Name

Date

Mail the entire application packet, along with the required application fee to:

Office of the Navajo Tax Commission
P.O. Box 1903
Window Rock, Arizona 86515

For Overnight/Express Delivery (FedEx, UPS, etc) our Physical Address:

Office of the Navajo Tax Commission
Karigan Professional Office Complex
Hwy 264, 100 Taylor Road, Suite 115
St. Michaels, Arizona 86511