DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)

APPLICATION FOR BASIC PERMIT UNDER THE FEDERAL ALCOHOL ADMINISTRATION ACT

1. FULL NAME AND PREMISES ADDRESS
Linda K. Freeman & Frederick M. Johnstone
1191 Outlook Road
Hazelnut Springs, CA 9999x
TELEPHONE NUMBER 9xx-555-1000
State in which organized for Corporations and Limited Liability Companies (LLC):

3. EMPLOYER IDENTIFICATION NUMBER (EIN) *(Social Security number is not acceptable)*
93-999999x

4. OPERATING NAME (DBA), if any
Hazelnut Springs Winery

2. MAILING ADDRESS *(If different from premises address)*
Same

5. LABELING TRADE NAME(S), if any
Hazelnut Cellars
Nocciola Vineyards

6. BUSINESS(ES) TO BE CONDUCTED AT PREMISES ADDRESS *(Check applicable boxes)*

a. ☐ DISTILLED SPIRITS PLANT *(BEVERAGE)*
- ☐ DISTILLING
- ☐ WAREHOUSING AND BOTTLING DISTILLED SPIRITS
- ☐ PROCESSING *(RECTIFYING)* DISTILLED SPIRITS AND WINE

b. ☑ BONDED WINE PREMISES
- ☑ PRODUCING AND BLENDING WINE
- ☐ BLENDING WINE

c. ☐ IMPORTING INTO THE UNITED STATES
- ☐ DISTILLED SPIRITS
- ☐ WINE
- ☐ MALT BEVERAGES

d. ☐ PURCHASING FOR RESALE AT WHOLESALE
- ☐ DISTILLED SPIRITS
- ☐ WINE
- ☐ MALT BEVERAGES

or while so engaged, sell, offer, or deliver for sale, contract to sell, or ship in interstate or foreign commerce the alcoholic beverages so distilled produced, rectified, blended or bottled, warehoused and bottled, imported or purchased for resale at wholesale.

7. REASON FOR THE APPLICATION

a. ☑ NEW BUSINESS
Anticipated start date 5/1/05

b. ☐ CHANGE IN CONTROL *(Actual or legal)*
☐ Submit Basic Permit(s) with this application.
Date of Change _____

c. ☐ CHANGE IN OWNERSHIP
Date of Change _____
Name, address and permit number(s) of predecessor

8. OWNER INFORMATION *(List sole owner, all general parties, LLC members/managers, corporate officers and directors, and shareholders with more than 10% voting stock. Each listed person must also furnish the information in Item 9.)*

NAME	TITLE	% VOTING/STOCK/INTEREST *(If applicable)*	INVESTMENT IN BUSINESS *(Item 6)*	SOURCE OF FUNDS INVESTED *(savings, loans, gift or specify other)*
Linda K. Freeman	Partner	50%	$15,000	Savings
Frederick M. Johnstone	Partner	50%	$15,000	Sale of Stock

IF APPLICANT IS ACTUALLY OR LEGALLY CONTROLLED BY PERSONS OR BUSINESSES NOT IDENTIFIED ABOVE, PROVIDE ON A SEPARATE SHEET INFORMATION *(as specified for Item 9)* FOR EACH PERSON OR BUSINESS AND STATE THE EXTENT AND MANNER OF THE CONTROL. BUSINESSES SHOULD INCLUDE THEIR EIN.

9. COMPLETE FOR EACH PERSON LISTED IN ITEM 8.

a. FULL GIVEN NAME
Linda Kaye Freeman

b. DATE AND PLACE OF BIRTH
5/9/65

c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER
054-36-123x

d. ARE YOU A U.S. CITIZEN?
☑ YES ☐ NO

e. ☐ MALE ☑ FEMALE

f. OTHER NAMES USED *(Maiden name, nicknames, etc.)*
n/a

g. RESIDENCE(S) OVER THE LAST FIVE YEARS
5/98 to present: 1191 Outlook Road, Hazelnut Springs, CA 9999x

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN?
Frederick Marlin Johnstone	3/5/70 Oakland, CA	552-61-949x	☑ YES ☐ NO

e.	f. OTHER NAMES USED *(Maiden name, nicknames, etc.)*
☑ MALE ☐ FEMALE	Marty Johnstone

g. RESIDENCE(S) OVER THE LAST FIVE YEARS

7/99 to present: 2126 S. Valley View Road, Hazelnut Springs, CA 9999x

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN?
			☐ YES ☐ NO

e.	f. OTHER NAMES USED *(Maiden name, nicknames, etc.)*
☐ MALE ☐ FEMALE	

g. RESIDENCE(S) OVER THE LAST FIVE YEARS

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN?
			☐ YES ☐ NO

e.	f. OTHER NAMES USED *(Maiden name, nicknames, etc.)*
☐ MALE ☐ FEMALE	

g. RESIDENCE(S) OVER THE LAST FIVE YEARS

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN?
			☐ YES ☐ NO

e.	f. OTHER NAMES USED *(Maiden name, nicknames, etc.)*
☐ MALE ☐ FEMALE	

g. RESIDENCE(S) OVER THE LAST FIVE YEARS

10. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN DENIED A PERMIT, LICENSE OR OTHER AUTHORIZATION TO ENGAGE IN ANY BUSINESS TO MANUFACTURE, DISTRIBUTE, IMPORT, SELL OR USE ALCOHOL PRODUCTS *(beverage or nonbeverage)* BY ANY GOVERNMENT AGENCY *(Federal, State, local or foreign)* OR HAD SUCH PERMIT, LICENSE OR OTHER AUTHORIZATION REVOKED, SUSPENDED OR OTHERWISE TERMINATED?

☐ YES. State details of each event on a separate sheet. ☑ NO

11. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN ARRESTED FOR, CHARGED WITH, OR CONVICTED OF ANY CRIME UNDER FEDERAL, STATE OR FOREIGN LAWS other than traffic violations or convictions that are not felonies under Federal or State law.

☐ YES. State details of each event on a separate sheet. ☑ NO

TTB MAY REQUIRE additional information to process this application. If you are applying for a basic permit to operate a distilled spirits plant or bonded wine premises, you must also file additional forms and information required under the Internal Revenue Code. **OPERATION WITHOUT A PERMIT.** Criminal and administrative actions may be taken against persons engaged in a business listed in Item 6 of this form if it is not conducted pursuant to an FAA Act basic permit.

APPLICANT'S AFFIRMATION. Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete. The applicant will immediately notify the TTB official with whom this application is filed of any change in ownership, management, or control of the applicant *(in the case of a corporation, any change in the officers, directors, or persons holding 10 percent or more of the corporate stock)*. The business for which this application is made does not violate the law of the State in which the business will be conducted. In addition, if this application is approved, the applicant will conduct operations within a reasonable period of time and maintain such operations in conformity with Federal law.

12. APPLICANT'S SIGNATURE *(Sole owner, partner, corporate officer, LLC member or manager, or if designated agent, submit TTB F 5000.8)*	13. TITLE OF PERSON SIGNING	14. DATE
Linda K. Freeman	Partner	9/5/2005

15. E-MAIL (INTERNET) ADDRESS *(optional)*:

LindaKaye@___.com