



CRAFT BEVERAGE SUPPLEMENTAL APPLICATION

Agency Information	
Agency Name:	Agency Code:
Producer Name:	CSR or Other Contact:

INSTRUCTIONS: Please complete for the following types of operations:

- Brewpubs:** Manufacture beer only at designated premises to make sales to importing distributors, distributors and non-licensees for use and consumption only, who stores beer at the designated premises and who is allowed to sell at retail from the licensed premises, provided that a brew pub licensee shall not sell for off-premises consumption more than 50,000 gallons per year.
- Craft Brewery:** A licensed, independent brewer who manufactures up to 30,000 barrels (930,000 gallons) of beer and/or hard cider per year.
- Microbrewery:** Breweries producing fewer than 15,000 barrels (465,000 gallons) of beer and/or hard cider per year.
- Craft Distiller:** A licensed, independent distiller who manufactures up to 15,000 gallons of spirits by distillation per year.

**All questions on this application must be answered in full.
Any questions that are not applicable should be answered as such.**

Applicant Information
Name of Applicant:

Operations		
How many years has the applicant been in the craft beverage business?		
What is the applicant's average annual revenue over the last 3 years? (If in business less than 3 years, use average of the years the applicant has been in business): \$		
Annualized Barrel Numbers		
CURRENT STATE OF OPERATIONS	NUMBER OF BARRELS SOLD	ANNUAL REVENUE
Produced by you under your label(s)		
Produced by you for others		
Other		
If other, please describe:		
What percentage of sales is off-premises?	%	Check here if none
What percentage of off-premises sales is:	Retail: %	Wholesale: %
Does the applicant operate a licensed bar (do not include tasting rooms) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is it: <input type="checkbox"/> Onsite <input type="checkbox"/> At another location		
Annual revenue derived from these activities: \$		
Does the applicant operate a restaurant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what percent of annual revenue is derived from the restaurant? %		
Does the applicant produce and/or sell any wine? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what percentage of average annual revenue is wine sales? %		

Operations		
Are on-premises tours offered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are the tours guided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If tours are guided, please provide the following information:		
What is the experience level of the tour guide(s):		
How many customers are allowed for each tour?		
Approximately how long do the tours last?		
Are the tours allowed on the production floor during production? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is beer/cider/spirits tasting offered on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, approximately how many total ounces are offered to each customer?		ounces
Does the applicant participate in off-premises tasting events? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, approximately how many total ounces are offered to each customer?		ounces
If yes, describe off-premises events:		
Are there controls in place to prohibit internet sales to minors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe:		
Does the applicant provide storage for beverages owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe:		
List high-valued or critical beer/cider/spirits production equipment or machinery (or attach a schedule):		
DESCRIPTION	REPLACEMENT COST	ESTIMATED TIME TO REPLACE
What is the maximum capacity of your largest product tank or vessel?		
Are pressure relief valves on all tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how often are the valves cleaned?		
Is there a power outage contingency plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe:		
Are carbon monoxide (CO) detectors utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the cleaning process for equipment used in production?		

Product				
What is the highest value of beer/cider/spirits in inventory at any one time? \$				
Does the applicant provide any processing for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				
Has the applicant had any products recalled in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on the recall, including dates, value and type of product recalled:				
How is quality controlled throughout the production process?				
Does the applicant batch test beer at every stage in the process? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long are the batch test records retained?				
How is the applicant's product packaged?				
BULK	KEG	CAN	BOTTLE	OTHER
%	%	%	%	%
If any percentage is "other", please describe:				