



DISTILLERY PAK SUPPLEMENTAL APPLICATION

Applicant/Insured Information

Applicant/Insured Name _____

Website _____

Main Contact _____ Title _____ Phone _____

Agency Name _____

Agency Contact _____ Phone _____

Federal Tax ID # _____ Year Established _____

Location Address _____

Total square footage of the building _____ Square footage occupied by you _____

If you are not the sole tenant, please describe other occupants _____

Owner's name(s) and background experience/information _____

Please provide a profit & loss statement and a balance sheet. If a new venture, please include proforma and business plan.

Annual Revenue Current Year (Projected YE) \$ _____

Past Year \$ _____

Next Year (Projected) \$ _____

Distillery Operations

What types of spirits are being produced? _____

What type of still is used? Open System Closed System Total Liquid Gallons _____ Age? _____

What is the heating source of the still? Electric Gas Steam Other _____

Safety Devices:

Pressure Relief: Yes No If no, why? _____

Pressure Monitoring Alarm: Yes No

High Temperature Limit Alarm: Yes No

Low Liquid Level Alarm: Yes No

Explosion Proof Electrical Connections: Yes No

If Yes: Distance from the Still, Condenser, Containers, etc _____ ft

Distance from Any Open Transfer Area _____ ft

Distance from the Bottling Area _____ ft

Finished Product Storage:

Barrels _____ liquid gallons Plastic Totes _____ liquid gallons

Steel Tanks _____ liquid gallons Other _____ liquid gallons

What methods are used to bottle product? Open Air Vacuum Other _____

Do you use a silo? Yes No

How are grains disposed of? _____

Do you use any genetically modified organisms (GMOs)? Yes No

What type of ventilation is installed in production area (still area and any open transfer area)?

Exhaust Fans Negative Pressure System Positive Pressure System

Other _____

What type of ventilation is installed in bottling areas?

Exhaust Fans Negative Pressure System Positive Pressure System

Other _____

Is a sprinkler system in place? Yes No

Is a fire and burglar security alarm installed? Yes No Centrally Monitored? Yes No

Do you hire others to transport your products? Yes No If yes, Name of Company _____

Does the company assume liability for loss of goods during the shipping process? Yes No

Do you require certificate of liability insurance annually from this firm? Yes No

Do you contract others to distill on your behalf? Yes No If yes, please provide copy of written agreement.

Do you produce or sell any other alcoholic beverages (beer, cider, wine, etc)? Yes No

If yes, please explain _____

Do you plan on conducting any special events in the upcoming twelve months? Yes No

If yes, please provide date and description of events (if known) _____

Are distillery tours offered? Yes No If yes, please describe safety measures taken (waiver signed, employee lead, personal protective equipment is needed or issued) _____

Does the applicant/insured feature any entertainment? Yes No

If yes, please explain _____

Are all those that serve alcohol L.E.A.D. and/or TIPS Certified for responsible alcohol service? Yes No

Describe age verification procedures _____

Has the applicant/insured had any alcohol related claims in the last 5 years? Yes No

If yes, please explain _____

Has the applicant/insured been cited by Liquor Control Commission in the last 5 years? Yes No

If yes, please explain _____

Does the applicant/insured batch test for quality control? Yes No

If a recall is necessary, do you keep the proper records to assist in a recall? Please briefly describe records kept, labeling, process, etc _____

Completed by _____ Date _____