



# 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 \_\_\_\_\_