

Registration Form
Wine Shipper Permittee
North Carolina Department of Revenue



Federal Employer ID Number: _____ Wine Shipper Permit Number: _____

Type of Form (Check One): Initial Registration Change in Registration Information

Legal Name: _____

Trade Name (DBA Name): _____

Street Address: Street _____

City _____ State _____

Zip Code _____ County _____

Mailing Address: Street or P.O. Box _____

City _____ State _____

Zip Code _____ County _____

Name of Contact Person: _____

Telephone: _____ Fax: _____

Mailing Address: Street or P.O. Box _____

City _____ State _____

Zip Code _____ County _____

Each winery that has been issued a wine shipper permit by the North Carolina Alcoholic Beverage Control Commission is required to register with the Department of Revenue pursuant to G.S. 18B-1001.1. **Please complete this registration form in detail.** The wine shipper permittee must notify this office of any changes in the registration information provided on this form **as such changes occur.**