

# WINERY COMPLIANCE QUESTIONNAIRE



**DATE**

## BUSINESS INFORMATION

Legal Business Name

DBA (If Applicable)

Mailing Address

City

State

Zip Code

Physical Address

City

State

Zip Code

State License #

Type of License

State

Federal BWN (Bonded Winery #)

FEIN#

Date Business was Incorporated

Business Structure

Sole Proprietorship

S Corp

C Corp

LLC Filing as Sole Prop

LLC Filing as S Corp

LLC Filing as C Corp

Other (Please List)

Bond Writer Contact Name

Phone

Email

*Initial below that you authorize Melissa Carlson to list her address as a mailing address for all states and other correspondence.*

Date

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**MAC COMPLIANCE**

509.670.7954

176 Miller Ct NE  
Ocean Shores, WA 98569

**MELISSA CARLSON**

[melissa@maccompliance.com](mailto:melissa@maccompliance.com)

[maccompliance.com](http://maccompliance.com)

# WINERY COMPLIANCE

## QUESTIONNAIRE (PAGE 2)



### OWNER/PARTNER/OFFICERS INFORMATION

Has any owner or officer been convicted of a felony?    Yes    No

#### OWNER 1

First Name    Middle    Last  
Home Address  
City    State    Zip Code  
Have you lived at this address for at least 5 years?    Yes    No    If no, please list previous address:  
Home Address  
City    State    Zip Code  
Social Security Number    Date fo Birth  
Place of Birth    Home Phone  
Title/Position    % Owned  
Driver's License Number    State Issued

#### OWNER 2

First Name    Middle    Last  
Home Address  
City    State    Zip Code  
Have you lived at this address for at least 5 years?    Yes    No    If no, please list previous address:  
Home Address  
City    State    Zip Code  
Social Security Number    Date fo Birth  
Place of Birth    Home Phone  
Title/Position    % Owned  
Driver's License Number    State Issued

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# WINERY COMPLIANCE

QUESTIONNAIRE (PAGE 3)



## OWNER/PARTNER/OFFICERS INFORMATION

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### OWNER 3

First Name	Middle	Last
Home Address		
City	State	Zip Code
Have you lived at this address for at least 5 years?	Yes	No If no, please list previous address:
Home Address		
City	State	Zip Code
Social Security Number	Date fo Birth	
Place of Birth	Home Phone	
Title/Position	% Owned	
Driver's License Number	State Issued	

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### OWNER 4

First Name	Middle	Last
Home Address		
City	State	Zip Code
Have you lived at this address for at least 5 years?	Yes	No If no, please list previous address:
Home Address		
City	State	Zip Code
Social Security Number	Date fo Birth	
Place of Birth	Home Phone	
Title/Position	% Owned	
Driver's License Number	State Issued	

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# WINERY COMPLIANCE

QUESTIONNAIRE (PAGE 4)



## DOCUMENT CHECKLIST

Please provide copies or lists of all the applicable documents below and email to [melissa@maccompliance.com](mailto:melissa@maccompliance.com) with this Compliance Questionnaire:

### BUSINESS INFORMATION

- State License
- Federal Basic Permit
- Common Carrier Shipping Contract
- Articles of Organization or Formation, or Incorporation (Depending on Business Formation)
- Operating Agreement

### OWNER INFORMATION

- Copy of all Owner's Driver's Licenses (Front and Back)

### COMPLIANCE INFORMATION

- List of all States Currently Licensed in for Direct to Consumer Sales
- Current DTC Licenses
- Direct Shipper Permits
- Sales Tax Licenses
- Excise Tax Licenses
- List of all Logins (Username and Password) for all State Reporting, Licensing and Filing Websites

### PRODUCT INFORMATION

- List of all Currently Sold Products
- Copy of Each COLA (Label Approval)

### DISTRIBUTOR INFORMATION

- List of all Distributors Currently Shipping to (Below) or Supply a List with State, Distributor Name and Contact information

Name	State
Contact Name	
Phone	Email
Name	State
Contact Name	
Phone	Email

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