

Manufacturer Name: _____ Small Producer ID: _____

UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1625 S 900 W – PO Box 30408 – Salt Lake City, UT 84130-0408 – Phone (801) 977-6800 – Fax (801) 977-6888

Website: www.abc.utah.gov

APPLICATION TO QUALIFY FOR REDUCED MARKUP

Utah Code 32B-2-304 provides that the department shall mark up at a reduced rate the liquor, wine and heavy beer of small producers who apply and qualify for the following reduced rates:

1. Type of Small Manufacturer/Producer (*Check appropriate box and provide information*)

[] Brewer producing under 40,000 barrels of beer/heavy beer annually [32B-2-304(1)(C)]
(32% Markup) Quantity Produced (barrels): _____

[] Winery producing under 20,000 gallons of wine annually [32B-2-304(3)(c)(i)(A)]
(49% Markup) Quantity Produced (gallons): _____

[] Distillery producing under 30,000 proof gallons of spirituous liquor annually [32B-2-304(3)(b)(i)]
(49% Markup) Quantity Produced (proof gallons): _____

[] Cider maker producing under 620,000 gallons of cider annually [32B-2-304(3)(c)(i)(B)]
(49% Markup) Quantity Produced (gallons): _____

**Please complete this application in the name of the actual manufacturer/producer of the liquor, cider, wine, or heavy beer products.*

2. Business Name of Manufacturer/Producer: _____

3. Mailing Address: _____
Street/PO Box City State Country

4. Business Phone: _____ Business Email: _____

Contact Person: _____

_____ Phone: _____

Email: _____

6. Utah Vendor Number: _____

** Attach copies of your federal (TTB) basic permit or brewers notice, as well as any TTB reports and other documentation which may be used to verify annual production amount on an annual basis.*

7. I VERIFY AND ATTEST THAT:

- a. The annual production of the small manufacturer/producer does not exceed the qualifying production limit;
- b. I understand that the approval of the application for a reduced markup will automatically expire at the end of each calendar year and must be reapplied for, and that if annual production increases above the qualifying limit, I will immediately notify the department and the full markup will be imposed on all of our products for sale in the State of Utah.
- c. The information contained herein and attached hereto is true and correct.

Dated this _____ day of _____, _____.

Applicant / Business Name

Authorized Signature

Name / Title (please print)

STATE OF: _____

COUNTY OF: _____

(or) COUNTRY OF: _____

Subscribed & sworn to before me this _____ day of _____, _____.