DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) POWER OF ATTORNEY

(Please read instructions before completing this form)

1.	PRINCIPAL Individual)	(Name of Partnership, Corporation, A	Association, Estate, or	2.	BUSINESS IN WHICH EN	GAGED				
3.	ADDRESS (N	Number, Street, City, State, ZIP Code)), TELEPHONE NUMBI	ER,	AND E-MAIL ADDRESS					
4.		DENTIFICATION NUMBER (Employ Social Security Number)	ver Identification	5.	PERMIT NUMBER / REGI	STRY NUMBER (If applicable)				
6.	NAME AND	TELEPHONE NUMBER OF APPOIN	ITED ATTORNEY							
7.	ADDRESS (Number, Street, City, State, and ZIP Code)									
8.	The above named principal, engaged in the business shown, has appointed the above named attorney to: (See Instruction 2)									
9.	. The power is to apply to the following. (If authority is restricted to a particular factory plant, premises etc., give name as: Distilled Spirits Plant, Tobacco Products Factory, Tobacco Export Warehouse, etc., and address and registry nber. or, if aWholesale Liquor Dealer, SDAor Tax-Free Alcohol User, etc., give permit number)									
10.	SIGNATURE	OF APPOINTED ATTORNEY								
			EXECUTION ((See	e Instruction 3)					
11.	. SIGNATURE	FIF PRINCIPAL IS INDIVIDUAL <i>(Sig</i>	gnature of Principal)			DATE				
	Signature		Title		Date					
	Signature		Title		Date					
	Signature		Title		Date					
	Signature		Title		Date					
	TTB F 5000.	8 (11/2006)								

_		14. Δ	CKNOWLEDGMENT V	WITNESSING O	R DF	CLARATION (Complete 14a, 14	b. or 14c)		
148	a. ACKNOWLED		on on the original of the orig		14b. WITNESSING				
The above-named person(s) signing as or for the principal(s) appeared before me today and acknowledged this power of attorney as his/her/their voluntary act and deed. The notarial seal must be affixed unless a seal is not required under the laws of the state where the power of attorney is executed.						This power of attorney was signed by or for the principal(s) by a person or persons known to, and in the presence of, the two disinterested witnesses whose signatures appear below:			
Signature of Notary or Other Officer			Sign	Signature of Witness Date					
NOTARIAL SEAL (If required)		Date	Title		Sign	ature of Witness	Date		
140	. DECLARATIO	 N by attorney, certified public accountant, or enrolled pi		actitio	of attorney by this form.				
	Qualified	to practice as a	certified public accoun	itant in¹		_			
	'Insert Name	of State, Posses	ssion, or District of Colu			1.7			
D 4-	TE RECEIVED F	OD EILING	DISTRICT	FOR TTB USI		BY (Signature and Title)			
DA	IE RECEIVED F	OK FILING	DISTRICT	REGE	IVED	BT (Signature and Tille)			
DATE RECEIVED FOR FILING TTB OFFICE RECE				RECE	IVED BY (Signature and Title)				
_				INSTRI	ICTIC	NIS			
1.		INSTRUCTIONS ENERAL. This form is filed with each TTB office in which the oppointed attorney is to represent the principal.							
2.	. ITEM 8. A full power of attorney is granted by paragraph 8(a). The power of attorney may be limited or restricted by deleting all of paragraph 8(a) and listing the specific powers to be conferred in section 8(b).			5.	Bureau will give to an appointed attorney the original of a ruling concerning the principal about TTB matters if a statement is made to				
3.	EXECUTION. This form must be signed by or on behalf of the principal(s) as follows: (a) INDIVIDUAL by his or her completion of item 11.					by the principal in written notice	attorney remains in effect until revoked ce to the Director, National Revenue		
	(b) P p t				7.	Tobacco Tax and Trade Burea governing representation (26	nting clients before the Alcohol and au must comply with the regulations CFR Part 601 or those regulations as and any other applicable rules and		

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(d) ESTATE by completion of item 12 by the executor or administra-

4. FILING. This form must be completed in duplicate, unless otherwise

required, and submitted to the Director, National Revenue Center, 550 Main St, Ste. 8002, Cincinnati, OH 45202-5215. The original with

any attachments will be retained by the Director, National Revenue

Center, and all other copies will be returned to the principal.

tor and attaching other such documents as may be required by

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used by TTB to ensure that only duly authorized individuals are signing documents. The information is voluntary.

The estimated average burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.