

TID: _____

NEVADA DEPT OF TAXATION
LIQUOR LICENSE ADDRESS AFFIDAVIT

I, _____ hereby swear and affirm that the
following is true and correct. Authorized Person

I declare that the address provided below is the location from where the liquor will be shipped for

Importer / Wholesaler Holder _____,
Entity Name

DBA Name

Address: _____

City: _____

State: _____ Zip: _____

Please provide a brief explanation of why the liquor does not ship from the Importer / Wholesaler
location listed on the Federal Basic Permit.

Signature of Authorized Person Date

Title

Address

Telephone Number

Please provide a copy of your Federal Basic Permit showing the actual premise location.