



WHOLESALER QUESTIONNAIRE

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Labeling Trade Name(s): \_\_\_\_\_ Brand Name(s): \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_ Company Email: \_\_\_\_\_

Company Bank Name: \_\_\_\_\_

Company Bank Branch Address: \_\_\_\_\_

Company Bank Account Number: \_\_\_\_\_

Company Bank Authorized Signers: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_

Bookkeeper Name: \_\_\_\_\_

Bookkeeper Address: \_\_\_\_\_

Bookkeeper Phone: \_\_\_\_\_

Approximate Case Production: \_\_\_\_\_ Cased Goods Ready for Sale (date): \_\_\_\_\_

Cased Goods Warehouse: \_\_\_\_\_

Purchase Grapes:  Yes  No Annual Purchase:  < \$20k  \$20K - \$50K  \$50k - \$2Mil  \$2Mil +

Will you make sales to out of state distributors?  No  Yes, the following states \_\_\_\_\_

Please provide:

All corporate officers, LLC managers, General partners, owners and individuals holding 10% or more interest must complete a personal questionnaire.

Spouses of individuals holding 10% or more must also complete the spouse questionnaire.

Corporation:  Articles of Incorporation  Bylaws  Minutes  Stock ledger

LLC:  Articles of Organization  Operating Agreement

LP:  Certificate of Partnership  Partnership Agreement

Trust:  If ownership is held in a trust, please provide a copy of the entire trust

\*\*\* If the licensed entity is owned by another LLC, LP or Corporation, please provide all entity documents for that company along with a completed Sub-Company Questionnaire.