



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.