



NEVADA STATE LIQUOR LICENSE APPLICATION

The Board of County Commissioners or Incorporated Cities Governing Body Members must forward the approved and signed Form LTD 06 application to the Nevada Department of Taxation (NRS 369.200). Please note Per NRS 369.220 (3) the Nevada State Liquor License is nontransferable. The Department of Taxation's Nevada Business Registration form must be completed and attached to the application.

1	Application is being submitted for <input checked="" type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Additional Location		Taxpayer ID: [REDACTED]
2	Application is for: <input checked="" type="checkbox"/> Importer/Wholesaler Liquor License <input type="checkbox"/> Manufacturer Liquor License		
3	Importer/Wholesaler License Type (Check all that apply): <input type="checkbox"/> Importer and Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Importer and Wholesaler of Beer <input type="checkbox"/> Wholesaler of Wine, Beer and Spirits <input checked="" type="checkbox"/> Wholesaler of Beer		
4	Manufacturer License Type (Check all that apply): <input type="checkbox"/> Brew Pub <input type="checkbox"/> Brewer <input type="checkbox"/> Craft Distillery <input type="checkbox"/> Estate Distillery <input type="checkbox"/> Instructional Wine Facility <input type="checkbox"/> Winemaker <input type="checkbox"/> Rectifier		
5	Business Type: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:		
6	Date Incorporated/Organized: 07/20/2021	State where Incorporated/Organized: NV	
7	Anticipated Start Date of Location: 02/01/2022	Federal Tax ID: [REDACTED]	
8	Name of Business: Blue Cloud Distribution of Nevada, Inc.		Phone Number: 914-253-2000
9	DBA, if any: N/A		Fax Number: N/A
10	Business Address: 6500 West Sunset Road, Las Vegas, NV 89118		
11	Location of Operation: 6500 West Sunset Road, Las Vegas, NV 89118		
12	Mailing Address: 100 Fisher Avenue #369, White Plains, NY 10602		
13	Email Address: blueclouddistribution@gmail.com		
14	List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.		
	Name: Timothy McCormick	Title: Sales Director; VP	
	Residence Address: [REDACTED]	% Owned: 0	
	Name: James Totland	Title: Vice President/Offic	
	Residence Address: [REDACTED]	% Owned: 0	
	Name: Blue Cloud Distribution, Inc.	Title: Owner	
	Residence Address: 100 Fisher Avenue #369, White Plains, NY 10602	% Owned: 100	
	Name:	Title:	
	Residence Address:	% Owned:	

15	If Partnership, is the agreement recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what county and city is it recorded in? N/A
16	Operating under a Fictitious Firm Name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supply a certified copy of the certificate to the Department)	In what county and city is it recorded in? N/A
17	Has applicant applied for a local County or City license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, where? Clark County
18	Has applicant secured all necessary Federal permits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TTB Permit Number (Supply a copy of permit): NV-P-21218
19	Is the location of operations shared with any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	Business Name: PepsiCo, Inc.	Type of Operations: Sell/distribute of non-alcoholic soft drinks and beverages.
	Business Name:	Type of Operations:
	Business Name:	Type of Operations:
20	Does any person listed on this application engage in manufacturing, importing, wholesaling or retailing alcoholic beverages through another company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	Person's Name: Please see attached list	% Owned: 0
	Business Name:	Type of Operations:
	Person's Name:	% Owned:
	Business Name:	Type of Operations:
21	Have any individuals with interest, financial or otherwise, in the applicant's business, ever been convicted of a violation of Federal or any state liquor laws? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, provide the following:	
	Name:	When:
	Explain:	
22	APPLICANT'S AFFIRMATION: By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a liquor license, I understand that I am expected to comply with all liquor laws, including, but not limited to NRS 369 and 597, Nevada Administration Code, and all Federal laws. Noncompliance can result in fines, suspension or revocation of my license, and criminal prosecution. By signing this document, it is acknowledged you are not permitted to conduct business until you have obtained a State of Nevada Department of Taxation liquor license.	
	Name of responsible party: <i>James Tottland</i>	Title: Vice President
	Signature: <i>[Signature]</i>	Date: 12/10/21
APPLICATION SUBMITTAL LOCATIONS		
If the location of business operations is in one of the following cities: Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca or Yerington. Submit page 1, 2, 3 and 5 to that Incorporated City's Governing Board for review and a completed Department of Taxation's Nevada Business Registration Form.		

DESCRIPTION OF NEVADA BUSINESS OPERATIONS

Business Name: Blue Cloud Distribution of Nevada, Inc.

Importer/Wholesaler of Liquor

Provide a detailed description of your business practice in Nevada

Blue Cloud Distribution of Nevada, Inc. is a business that engages in the purchase and transportation of malt beverage alcohol products from licensed manufacturers and the selling and delivery of those products at wholesale to other wholesalers or retailers in the state.

Manufacturer (Brew Pub, Brewer, Craft Distillery, Estate Distillery, Instructional Wine Facility, Winemaker, Rectifier)

Describe, step by step, the nature of your business and procedure to produce liquor in Nevada

N/A

Provide additional attachments if needed.

APPLICANT'S AFFIRMATION: By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a liquor license, I understand that I am expected to comply with all liquor laws, including, but not limited to NRS 369 and 597, Nevada Administration Code, and all Federal laws. Noncompliance can result in fines, suspension or revocation of my license, and criminal prosecution. **By signing this document, it is acknowledged you are not permitted to conduct business until you have obtained a State of Nevada Department of Taxation liquor license.**

Title: Vice President

Date:

12/10/21

Name of responsible party:

James Tottland

Signature:

James Tottland

NEVADA STATE LIQUOR LICENSE APPLICATION INSTRUCTIONS

Complete pages one and two in their entirety with all applicable information, attach additional sheets if necessary.

1. **Application is being submitted for:** Check the box that applies, please note that "Location Change" and "Additional Location" are valid options only for the entity that originally applied for the license. Include the Taxpayer ID number issued by the Department of Taxation if applicable.
2. **Application is for:** Check the type of license you are applying for.
3. **Importer/Wholesaler License Type:** If you are applying for an Importer or Wholesaler license, check all that apply.
4. **Manufacturer License Type:** If you are applying for a Manufacturer license, check all that apply.
5. **Business Type:** Indicate the entity type as filed with the Secretary of State.
6. **Date Incorporated/Organized:** Enter the date and state incorporated/organized.
7. **Anticipated Start Date of Location:** Enter the date that you are planning the license to take effect. Please note: Business operation may not begin until a State of Nevada Liquor License has been issued by the Department of Taxation. Include the Federal Employer Identification Number issued to you by the Internal Revenue Service.
8. **Name of Business:** Enter the name as registered on the State Business License. Include a business telephone number.
9. **DBA:** Enter the name you will be doing business as known by the public. Include a fax number if available.
10. **Business Address:** Enter in the complete address of the entity (corporate address).
11. **Location of Operation:** Enter the physical address licensed operations will be performed. This address must be registered and reflected on the permit issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB).
12. **Mailing Address:** Enter the mailing address. This address will be used to mail license, reports, tax returns and correspondence.
13. **Email Address:** Enter email (Internet) address information.
14. **List All Owners, Officers, Members, Partners, etc.:** Include the full name, title, address, and percentage of ownership of each owner, officer, member, partner, etc. for the business.
15. **If Partnership, is the Agreement Recorded:** If your business is a partnership please select yes or no. If yes, include where it was recorded.
16. **Operating under a Fictitious Firm Name:** Select yes or no. If yes, include where it was recorded. A copy of the fictitious firm name certificate must be supplied to the Department of Taxation, per NRS 602.010.
17. **Has applicant applied for a local County or City License:** Select yes or no. If yes, include where.
18. **Has applicant secured all necessary Federal permits:** Select yes or no. If yes, enter the permit number issued by the TTB. Provide a copy of the permit with this application.
19. **Is the location of operations shared with any other business:** Select yes or no. Include the name of the other business and the type of operations (winery, brewpub, liquor importer, general retail, etc.)
20. **Does any person listed on this application engage in manufacturing, importing, wholesaling, or retailing alcoholic beverages through another company:** Select yes or no ("engage in" is defined as participation in a business as an owner or partner, or through a subsidiary, affiliate, ownership equity, or in any other manner pursuant to NRS 369.181 subsection 2). If yes, include the person's name, the percentage of the second business owned, the business's name, and the type of operations (winery, brewpub, liquor importer, etc.)
21. **Have any individuals with interest, financial or otherwise, in the applicant's business, ever been convicted of a violation of Federal or any state liquor laws:** Select yes or no. If yes, include the person's name, the date of conviction, and provide an explanation of the events.
22. **Applicant's Affirmation:** This must be read carefully and signed by an owner, officer, member, or partner. Include the name, title, signature, and date of signature.

INCORPORATED CITIES APPROVAL PAGE

For Incorporated Cities Only:

Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca and Yerington

To show validity please attach letter on Incorporated Cities Letterhead attesting to the fact the application was approved or denied, listing the name of the business, the specific liquor license type and the date of approval or denial. Please add any remarks and recommendations by the Incorporated Cities Governing Body Members.

FOR OFFICIAL USE ONLY

In order to be valid, we require signature(s) by the Incorporated Cities Governing Body Member(s):

Title: _____ **Signature:** _____

Title: _____ **Signature:** _____

Title: _____ **Signature:** _____

Title: _____ **Signature:** _____

On this _____ **day of** _____ **20** _____, **the application for a Nevada State Liquor License**

for _____ **has been** ☐ **Approved** ☐ **Denied**

COUNTY COMMISSIONERS APPROVAL PAGE

For all Non-Incorporated Cities

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Remarks and recommendations by the County Commissioners:

Board of County Commissioners:

Chairman: _____

Member: _____

Member: _____

Member: _____

Member: _____

[seal]

ATTEST:

_____, County Clerk

On this _____ day of _____, 20____, the application for a Nevada State Liquor License

for _____ has been ☐ Approved ☐ Denied

APPLICATION SUBMITTAL PROCESS

If the location of business operations is in one of the following cities:

Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca, or Yerington.

Submit the completed Nevada State Liquor License Application along with the completed Department of Taxation's Nevada Business Registration Form. Please note, page 1, 2, 3 and 5 of the Nevada State Liquor License Application requires the review and approval of that Incorporated City's Governing Board.

All other locations; submit the completed Nevada State Liquor License Application along with the completed Department of Taxation's Nevada Business Registration Form. Please note, page 1, 2, 3 and 6 of the Nevada State Liquor License Application requires the review and approval of the Board of County Commissioners.

All applicants must also submit a copy of the application to the Department of Taxation along with applicable security deposit (Original Liquor Surety Bond or cash), a copy of the permit issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB), and a copy of the fictitious firm name certificate. Once application has been approved the fees can be submitted to the Department of Taxation.

SCHEDULE OF LICENSE FEES

Importer/Wholesaler Fees:		Manufacturer Fees:	
Importer of wine, beer & spirits	\$500.00	Brew Pub	\$ 75.00
Importer of beer	\$150.00	Brewer	\$ 75.00
Wholesaler of wine, beer & spirits	\$250.00	Craft Distillery	\$ 75.00
Wholesaler of beer	\$ 75.00	Estate Distillery	\$ 75.00
		Instructional Wine Facility	\$ 75.00
		Winemaker	\$ 75.00
		Rectifier	\$550.00

SCHEDULE OF BOND REQUIRMENTS

Importer and/or Wholesaler Bond:		Manufacturer Bond:	
Beer only	\$10,000.00	Brew Pub	\$ 1,000.00
Wine, Beer & Spirits	\$50,000.00	Brewer	\$ 1,000.00
		Winemaker	\$ 1,000.00
		Rectifier	\$50,000.00

All license fees are due and payable on July 1 of each year. If not paid by July 15 of each year the license shall be canceled.

If any license is issued at any time during the year other than by July 15, the fee shall be for the proportionate part of the year the license will be in effect, which in any event shall be for not less than one quarter of a year.

NEVADA BUSINESS REGISTRATION

Please Print Clearly – Use Black or Blue Ink Only
Please see instructions regarding form detail and online registration options.

1	<input checked="" type="checkbox"/> New Business <input type="checkbox"/> Update Business	2	<input type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> Consumer Use Tax Permit <input type="checkbox"/> Certificate of Authority	3	<input type="checkbox"/> Change in Ownership/Entity/Officers <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Add Location	4	<input type="checkbox"/> Change in Entity/DBA Name <input type="checkbox"/> Change in Location Address <input type="checkbox"/> Other		
4	Business Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership		5	Nevada Business ID (11 Digits) NV 20212178255		6	Federal Tax ID Number 87 - 1827624		
7	State & Date of Incorporation NV 07/20/2021								
8	Corporate/Entity Name (as shown on State Business License): Blue Cloud Distribution of Nevada, Inc.				Nevada Name (DBA): N/A				
9	Corporate/Entity Address: Street Number, Name Suite or Unit City, State, Zip 6500 West Sunset Road, Las Vegas, NV 89118				Corporate/Entity Telephone: 914-253-2000		Email Address: blueclouddistribution@gmail.com		
10	Location of Nevada Business Operations: Street Number, Name Suite or Unit City, State, Zip 6500 West Sunset Road, Las Vegas, NV 89118				Location Telephone: 914-253-2000		Business Fax: N/A		
11	Location Mailing Address: Street Number, Name Suite or Unit City, State, Zip 100 Fisher Avenue #369, White Plains, NY, 10602, USA				Modified Business Tax Mailing Address: Street Number, Name Suite or Unit City, State, Zip 100 Fisher Avenue #369, White Plains, NY, 10602, USA				
12	Commerce Tax Mailing Address: Street Number, Name Suite or Unit City, State, Zip 100 Fisher Avenue #369, White Plains, NY, 10602, USA				Location of Business Records: Street Number, Name Suite or Unit City, State, Zip Attn: Alcohol Manager, 6500 West Sunset Road, Las Vegas, NV 89118				
13	List ALL Owners, Partners, Corporate Officers, Managers, Members, etc. Attach Additional Sheets if Needed. <input type="checkbox"/> Please check the box if making changes to existing officers and the Department will send you a "Taxpayer Information Update Form".								
14	Last, First, MI: <small>(If owned by another person, then check the ownership status, name and title)</small> McCormick Timothy P				Percent Owned 0		SSN or ITIN [REDACTED]		
	Title Sales Director, Vice President				Residence Address: Street Number, Name Suite or Unit City, State, Zip 27 North 7th St, Allentown, PA 18101		Date of Birth 04/24/1965		
	Last, First, MI: Totland, James M				Percent Owned 0		SSN or ITIN [REDACTED]		
	Title Vice President				Residence Address: Street Number, Name Suite or Unit City, State, Zip 3726 Las Vegas Blvd S. unit 2212 Las Vegas NV 89158		Date of Birth 05/13/1970		
	Last, First, MI: Blue Cloud Distribution, Inc.				Percent Owned 100		SSN or ITIN FEIN 87-1926752		
	Title Owner				Residence Address: Street Number, Name Suite or Unit City, State, Zip 100 Fisher Avenue #369, White Plains, NY 10602		Date of Birth N/A		
15	Date Business Started in NV: 02/01/2022		Date location opened in NV: 02/01/2022		Do you have employees in Nevada, if so how many? 0		Unemployment Insurance # (ESD/UI): Pending		
16	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS								
17	<input type="checkbox"/> Service <input type="checkbox"/> Retail Sales – New <input type="checkbox"/> Retail Sales – Used <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail Liquor* <input type="checkbox"/> Tobacco/OTP* <input type="checkbox"/> Financial Institution <input type="checkbox"/> Leasing (other than employees) <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Tire Sales <input type="checkbox"/> Marijuana Cultivation* <input type="checkbox"/> Marijuana Production* <input type="checkbox"/> Marijuana Retail* <input type="checkbox"/> Marijuana Distribution* <input type="checkbox"/> Construction/Erection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Marketplace Facilitator <input type="checkbox"/> Marketplace Seller <input type="checkbox"/> Nevada Transportation Authority # &/or Nevada Taxi Cab Authority #: _____								
18	Describe in detail the nature of your business in Nevada. Include product sold, labor performed and/or services rendered. NAICS Code: 424810 Don't Know? Click Here https://www.census.gov/eos/www/naics/								
19	If you have acquired a Nevada Business, Changed Ownership/Business Entity, or have a new Federal Tax Identification number, complete this section:								
20	Date Acquired/Changed:		Acquired/Changed by (Check all that apply): <input type="checkbox"/> Purchase \$ _____ <input type="checkbox"/> Lease \$ _____ MO <input type="checkbox"/> Escrow Company <input type="checkbox"/> Other: _____		Portion Acquired/Changed: <input type="checkbox"/> Assets Only <input type="checkbox"/> Property Only <input type="checkbox"/> Property and Assets <input type="checkbox"/> Whole Business and Assets		Are you keeping the Federal Tax Identification number (Y/N): <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Name(s) of Previous Owner(s):				Previous Owner(s) Business Name:				
	Business Address: Street Number, Name Suite or Unit City, State, Zip				Previous Business Sales/Use Tax Permit Number:		Previous Owner(s) ESD/UI Account Number:		
FEES AND SECURITY DEPOSIT									
21	Estimated total Nevada monthly receipts: \$100,000				22	Estimated total Nevada monthly TAXABLE receipts: 0			
23	Reporting cycle (Please indicate filing frequency desired) Sales/Use Tax Consumer Use Tax Certificate of Authority				Taxable sales or purchases exceeding \$10,000 per month or \$30,000 per quarter must report monthly. Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/>				
24	Security (See Instructions) <input type="checkbox"/> Cash \$ _____ <input checked="" type="checkbox"/> Surety # 022231534								
25	Sales Tax Fee (See Instructions) 15.00				26	Total Nevada Business Locations: 1			

Nevada Business Registration Form Instructions

Important details are requested on the Nevada Business Registration to aid in the registration process. It is important to respond to all items. Any omission could result in a delay in processing your application.

LINE BY LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION.

1. **Check New Business** if the application is being used to start a new business or if you are making changes to an existing entity (adding a location, changing name or address, etc.) please **Check Update Business**.
2. **Check** whether you are applying for a Sales/Use Tax Permit, Consumer Use Tax Permit or a Certificate of Authority.
3. **Check All Boxes that Apply.**
4. **Business Entity Type:** Indicate entity type.
5. **Nevada Business ID Number:** Enter the number shown on your State Business License or exemption issued by the Secretary of State.
6. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding an FEIN, contact the Internal Revenue Service (IRS) at 1-800-829-4933 or go to <http://IRS.gov/businesses>. If you have applied for your number and have not received it, write "PENDING". If your FEIN changes, you must complete a new Nevada Business Registration.
7. **State & Date of Incorporation:** Enter the date and state in which you incorporated.
8. **Corporate/Entity Name and Nevada Name (DBA):** Enter your corporate/entity name and fictitious firm name that you are doing business as in Nevada.
9. **Corporate/Entity Address, Corporate/Entity Telephone, Email address:** Enter the complete address of the corporation/entity:
Corporate/Entity telephone number: Email address.
10. **Location of Nevada Business Operations, Location Telephone Number, and Business Fax Number:** Enter the location of your business, Telephone Number associated with this location and Business Fax number.
11. **Location Mailing Address, Modified Business Tax Mailing Address:** Enter the address that will be used to mail any licenses, reports, and correspondence relating to your individual location and/or Modified Business Tax.
12. **Commerce Tax Mailing Address:** Enter the address that will be used to mail any licenses, reports, and correspondence relating to Commerce Tax.
13. **Location of Business Records:** Enter the address that your business records will be kept for the location you are referring to on this application.
14. **List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full legal name, home address (street, city, state, and zip code), Social Security Number or Individual Taxpayer Identification Number (ITIN) if you have not been assigned a social security number in the United States. Date of birth, title in the company, percentage of business owned, and telephone number. Attach Additional Sheets if needed. *"If you are making changes to the existing owners/officers currently on file with the Department, please check the box, the Department will mail you a "Taxpayer Information Update Form".*
15. **Date business started in Nevada, Date location opened in Nevada:** Enter the date that your business started in Nevada: Enter the date the business will begin operations or did begin operating in Nevada. If you are adding a location please put the date of when the new location will start operations.
16. **Do you have employees in Nevada:** If you have employees that will be or have been working in Nevada, please put the approximate amount of employees you will have or currently have. By answering yes to this question you will need to contact the Employment Security Division (ESD) at (775) 684-0350 (Northern Nevada), (702) 486-0350 (Southern Nevada), (888) 890-8211 (Toll-Free Number), if you have not done so already.
17. **Unemployment Insurance # (ESD/UI):** If you have already established your business with the Employment Security Division place your account number that you received that is referred to as a UI number, in this box. If you have applied but have not received your number then please put "PENDING".
18. **Check all boxes that apply.** *Please note* – If there is an asterisk listed next to the item, there are additional applications required. Please inquire with the applicable agency as well as the local City and/or County authority.
19. **Describe your business, NAICS (Northern American Industry Classification System) Code:** Please describe the nature of your business.
Enter the 6 digit code that pertains to what your business classification is. If you are unsure you can visit <http://www.census.gov/eos/www/naics/> for a list of classification codes.
20. **Have you Acquired this Business, Changed Ownership or Changed your Federal Identification Number?**
Date Acquired/Changed: Put the exact date in which the business was acquired or changed. Acquired/Changed By (Check all that apply): Did you purchase or are you leasing the business? If yes, how much did you purchase the business for or how much are you leasing it for? Please check the Escrow Company box if your transaction to obtain the business went through an escrow company. If other, please specify.
Portion Acquired/Changed: Did you purchase or acquire the assets only, property only, property and assets or the whole business and assets.
Are you keeping the Federal Tax Identification Number: Yes/No. Name of Previous Owner(s), Business Name: Please list all previous owners and the previous business name. Business Address: Please list the address where the business was located under the previous owner. Previous businesses Sales/Use Tax permit number. Previous owners ESD/UI account number.
21. **Estimated total Nevada monthly receipts:** this is the total of all gross receipts from Nevada including wholesale sales, services necessary to complete the sale, exempt sales, etc.
22. **Estimated total Nevada monthly Taxable receipts:** this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, exempt sales, etc.
23. **Reporting Cycle:** Please indicate filing frequency desired. Taxable sales or purchases exceeding \$10,000 per month or \$30,000 per quarter must report monthly. Options may not apply to certain tax types.
24. **Security:** Check the type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, multiply your estimated total Nevada monthly taxable receipts (box 22) by the highest tax rate in Nevada, which is 8.265% as of 04-01-17. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. A security deposit will not be required if the amount calculated does not exceed \$1,000. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.
25. **Sales Tax Permit Fee:** A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (box 26) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00).
26. **Total Nevada Business Locations:** Number of physical locations in Nevada.

NEVADA BUSINESS REGISTRATION (CONTINUED)

TID:

CONSOLIDATING LOCATIONS

27 Locations can be consolidated if they are the same tax type and filing frequency. Would you like to consolidate this location?

☒ No☐ Yes, effective Date: _____

28 DEPARTMENT USE ONLY. For SUT accounts – the security demand for the consolidated account:

\$

29

OTHER INFORMATION

Name of spouse/relative	Address of spouse/relative	Phone number of spouse/relative
Name of other contact	Address of other contact	Phone number of other contact
Accountant/bookkeeper	Address of accountant/bookkeeper	Phone number of accountant/bookkeeper
Responsible local contact	Address of responsible local contact	Phone number of responsible local contact

30 Credit Card Merchant:	Entity Bank Account:	Personal Bank Account:
None	JP Morgan Chase Bank, NA	N/A

31 Will you or your business sell and/or lease tangible personal property in Nevada? Tangible personal property is property which may be seen, weighed or measured, felt or touched, or perceptible to the senses (NRS 372.085)? ☒ Yes ☐ No

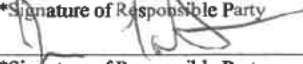
If answered yes, you will be registered for Combined Sales/Use Tax. Why? See instruction page.

Will you be providing only a service in Nevada? ☐ Yes ☒ No

If answered yes, you will be registered for Consumer Use Tax. Why? See instruction page.

Anyone selling tobacco products (including but not limited to cigarettes, smokeless tobacco, vapor products, alternative nicotine products and/or cigars) as a manufacturer, wholesaler or retailer, must apply for a separate tobacco product(s) license before they can begin purchasing or selling those products. This application can be found on our website at <http://tax.nv.gov>***Signatures Must be that of a Responsible Party***

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.

*Signature of Responsible Party	Print Name and Title	Date
	Samuel Tottland VP Foodservice	1/4/22
*Signature of Responsible Party	Print Name and Title	Date

FOR DEPARTMENT USE ONLY

<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	ABA # _____	Bank: _____	Branch: _____
Special instruction or additional information:				
Add COM tax effective:				

Nevada Business Registration Form Instructions

Important details are requested on the Nevada Business Registration to aid in the registration process. It is important to respond to all items. Any omission could result in a delay in processing your application.

LINE BY LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION.

27. **Consolidated?** Would you like to have your locations consolidated for filing purposes? **Consolidation is not available on every tax type administered by the Department of Taxation. Consolidation only means that you consolidate your figures to file a single tax return for your locations rather than individual tax returns. Consolidation with the Department does not require you to consolidate any other portion of your business. ****please note: if no box is checked and you have multiple locations with the same tax type, they will be consolidated.***
28. **Department Use Only – Do NOT mark in this box.**
29. **Other Information:** Please list other authorized contacts. ***Please note: Removal of spouse/relatives, other contacts, accountant/bookkeepers and/or local contacts must be done in writing and signed by an authorized owner/officer. You may also contact the Department's Call Center for a Taxpayer Update Form to complete these changes.*
30. **Credit Card Merchant, Entity Bank Account, Personal Bank Account.** Please enter the name of your credit card merchant, your business bank account number and your personal bank account number.
31. **Questionnaire:** Answering these questions will ensure your business is registered for the proper tax types based on your business factors.

Note: Modified Business Tax (MBT – General Business, Financial Institutions or Mining) is a quarterly tax based on gross wages reported to the Employment Security Division (ESD) on form NUCS 4072. There is an allowable deduction for qualified health insurance plans and wages paid to certain veterans. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency. If you are required to register with ESD for Unemployment (UI) you will be automatically registered with the Department of Taxation for Modified Business Tax (MBT).

Nevada Department of Taxation: Online Registration: <https://www.nevadatax.nv.gov> – **Website:** <http://www.tax.nv.gov>

Call Center	Toll Free Taxation Help Desk	(866) 962-3707
Las Vegas.....	555 E Washington Avenue • Suite 1300 • Las Vegas, • Nevada • 89101	(702) 486-2300
Reno.....	4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502	(775) 687-9999
Carson City....	1550 College Parkway • Suite 115 • Carson City, NV • 89706	(775) 684-2000
Henderson....	2550 Paseo Verde • Suite 180 • Henderson, NV • 89074	(702) 486-2300
Nevada Employment Security Division (ESD): Online Registration: https://uitax.nvdetr.org – Website: www.nvdetr.org		
Las Vegas		(702) 486-0250
Reno		(775) 823-6680
Statewide (Mailing).....	500 E Third Street • Carson City, NV • 89713-0030	(775) 684-6300

Nevada Department of Wildlife: (Industrial Artificial Pond Permit) – **Website:** www.ndow.org.

Nevada Secretary of State:

(775) 688-1500
(775) 684-5708

For more information regarding local and state business licensing please visit Nevada's online Business Portal at <https://www.nvsilverflume.gov>.

– KEEP A COPY FOR YOUR RECORDS.

NEVADA DEPARTMENT OF TAXATION
CARSON CITY, NEVADA 89706

Taxpayer ID

Date 08/31/2021

SURETY BOND POSTED TO SECURE PERFORMANCE UNDER TITLE 32
Chapters 372, 374, 377, 377A and 377B

KNOW ALL MEN BY THESE PRESENTS:

Bond Number 022231534

That we, Blue Cloud Distribution of Nevada, Inc.,

of 6500 West Sunset Road, Las Vegas, NV 89118

as principal and Liberty Mutual Insurance Company

a surety company organized and existing under the laws of the State of Massachusetts, and authorized to do business under the laws of the State of Nevada, as surety,

ARE HELD AND FIRMLY BOUND UNTO THE STATE OF NEVADA for its use and benefit in the penal sum of Ten Thousand and 00/100 Dollars (\$ 10,000.00), lawful money of the United States of America, for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the principal is subject to Title 32, Chapters 372, 374, and 377 and, as applicable ordinances adopted pursuant to Chapters 377A or 377B of the Nevada Revised Statutes, and pursuant to said provisions, this Surety Bond is required; and

WHEREAS, a demand has been made upon the principal by the Nevada Department of Taxation for security for the payment of the taxes.

NOW THEREFORE, if the principal shall comply with all the provisions of Title 32, Chapters 372, 374, 377 and any ordinance adopted pursuant to Chapters 377A or 377B of the Nevada Revised Statutes, and any amendments thereto, and in particular, pay all taxes, interest, and penalties promptly when due, including taxes, interest, and penalties which are now due, having been incurred as of or prior to the execution of this bond, and those which may become due, then the surety shall have no obligation to perform under this bond.

Upon failure of the principal to comply with any or all of the provisions of said acts or ordinances and any amendments thereto, and in particular on the principal's failure to pay all taxes, interest, and penalties promptly when due, and when demanded by the Nevada Department of Taxation, the Nevada Department of Taxation may make demand upon the surety for the payment of the amount of the unpaid taxes, interest, and penalties by said principal up to, but not to exceed the amount of the surety's liability as defined by this bond, and in addition any costs or attorney's fees incurred in collecting the same from said surety. The surety agrees that the right of the Nevada Department of Taxation to claim against the surety for taxes, interest and penalties shall accrue upon failure of the principal to comply with said acts or ordinances, and shall be subject to the six year statute of limitation for liabilities founded upon an instrument in writing under NRS 11.190(1)(b), or successor provision of law subject to any tolling thereof by agreement or operation of law, except that there shall be no tolling by reason of the Nevada Department of Taxation's failure to make demand. The surety further agrees that the surety may not raise any defense of statute of limitations available to the principal, including that which may be available under NRS Chapter 360 or successor provision of law.

The surety is assuring to the Nevada Department of Taxation, the principal's full compliance with Title 32, Chapters 372, 374, and 377, and any ordinance adopted pursuant to Chapters 377A and 377B of the Nevada Revised Statutes, and with any amendment thereof, and all the terms, conditions, and provisions of said law shall be deemed to be incorporated in and made a part of this bond as fully as if set forth in full here.

The surety herein reserves the right to withdraw as such surety except as to any liability already incurred or accrued hereunder. The surety may withdraw upon the giving of written notice of such withdrawal to the Nevada Department of Taxation, provided, however, that no withdrawal shall be effective for any purpose until 30 days shall have elapsed from and after the receipt of such notice by the Nevada Department of Taxation. In the absence of evidence of time of receipt recorded in the Department's records, upon proof of mailing in a properly addressed and stamped envelope, notice shall be presumed to have been received three business days after mailing. No withdrawal shall in anyway affect the liability of said surety arising out of any actions or inactions made by the principal herein prior to the expiration of such period of 30 days, regardless of whether or not an assessment for tax due on the receipt from such sales has been levied before the lapse of such 30 days.

IN WITNESS WHEREOF, the principal and said surety have hereunto caused this instrument to be executed at

Dallas, TX

this 31st day of August, 2021.

Resident Agent Information

Name: Frank Scardino

Address: 2100 Ross Avenue, Ste. 1400

City, State, Zip: Dallas, Texas 75201

Telephone Number : 214-969-6100

Blue Cloud Distribution of Nevada, Inc.

By [Signature] Principal

Principal must complete applicable acknowledgment on reverse

Liberty Mutual Insurance Company

By [Signature] Surety

Surety must complete affidavit of qualification on reverse

*COR

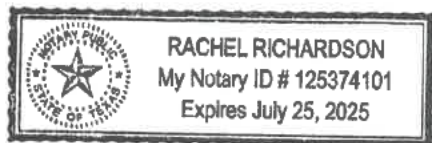
*

AFFIDAVIT OF QUALIFICATION

(Must be completed by surety)

State of Texas

ss

County of DallasOn the 31st day of August in the year, 2021 before me personally appearedAutumn Stockton, being first duly sworn on oath deposes and says that (s)he is the
Attorney-in-Fact, of said insurance company, and that (s)he is duly authorized to execute and deliver theforegoing obligation; that said insurance company is authorized to execute the same and has complied in all respects with the laws
of Nevada in reference to becoming sole surety upon bonds, undertaking and obligations

[Seal]

Rachel Richardson
Notary PublicResiding at Dallas, TXMy commission expires 7/25/2025**CORPORATE ACKNOWLEDGMENT**State of NEVADA

ss

County of CLARKOn the 17th day of 9 in the year 2021, before me personally appeared JAMES TOTLANDto me known who, being by me duly sworn, did depose and say: That (s)he resides in LAS VEGAS, NV that(s)he is the VP Foodservice of West Division PepsiCo the corporation which executed the instrument on

the reverse and which is described therein; that (s)he signed the instrument on behalf of the said corporation; that (s)he was

authorized to do so by Article 4 of the Articles of Incorporation of the said corporation, and by order of the Board

of Directors of said corporation; and that his/her signature as it appears on the instrument is binding upon the corporation.



[Seal]

K. Ramalho
Notary PublicResiding at 988 PAISLEY ST. LV, NV 89145My commission expires 1/31/23**SOLE OWNER, LLC, LLP OR PARTNERSHIP ACKNOWLEDGMENT**

State of _____

ss

County of _____

On the _____ day of _____ in the year _____, before me personally appeared _____

to me known who, being by me duly sworn, did depose and say: That (s)he is _____ of

_____, and that (s)he is duly authorized to execute on behalf of the said business the instrument on the
reverse and which is described therein._____
Notary Public

Residing at _____

My commission expires _____

[Seal]

COR****



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8200435**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Florence McClellan, R. F. Bobo, Aaron P. Clark, Kristin Darling, Stephanie Gunderson, Timothy F. Kelly, Autumn Stockton

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 31st day of January, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 31st day of January, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of August, 2021.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

BASIC PERMIT

(Under Federal Alcohol Administration Act)

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)

BLUE CLOUD DISTRIBUTION OF NEVADA INC.

6500 W SUNSET RD
LAS VEGAS, NV 89118

6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

1. PERMIT NUMBER

NV-P-21218

2. DATE OF PERMIT

09/08/2021

3. REGISTRY NUMBER (if applicable)

4. DATE OF APPLICATION

08/18/2021



7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a. ☐ Distilled Spirits - ☐ distiller ☐ rectifier (processor) ☐ warehouseman and/or ☐ warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b. ☐ Wine - ☐ producer and blender ☐ blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c. ☐ Importer - importing into the United States the following alcoholic beverages: while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d. ☒ Wholesaler – Purchasing for resale at wholesale the following alcoholic beverages: Distilled Spirits; Malt Beverages; Wine while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN ☒ ORIGINAL PERMIT☐ AMENDED PERMIT

REASON FOR AMENDMENT

DATE OF AMENDMENT

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

Technician

AUTHORIZED TRADE NAMES

*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: NV-P-21218

REGISTRY NUMBER:

TYPE

TRADE NAME

REASON FOR AMENDMENT