

# Alcohol Wholesaler Registration Scheme Application Form

Notice 2001 Man concerned with AWRS is available on the Customs and Excise Website:  
<https://www.gov.im/media/1350184/notice-2001-man-alcohol-wholesaler-registration-schemev2.pdf>

Name of Applicant(s)

Trading name

Legal Status (*please tick*)

- |                          |                     |                          |   |
|--------------------------|---------------------|--------------------------|---|
| <input type="checkbox"/> | Limited Company     | <input type="checkbox"/> | Limited Partnership                         |
| <input type="checkbox"/> | Sole Proprietor     | <input type="checkbox"/> | LLC   |
| <input type="checkbox"/> | Partnership         | <input type="checkbox"/> | Limited Liability Partnership (LLP)         |
| <input type="checkbox"/> | Unincorporated body | <input type="checkbox"/> | Other (Please specify) <input type="text"/> |

Do you wish to create an AWRS group?  
(If 'Yes', please see page 4)

Yes  No

Is the application for an existing or new business?

Existing  New

If the application is for a new business, what date to you wish to commence trading?

(DD/MM/YYYY)

## Contact details

Business Address

  
  
  
  
Postcode

Correspondence Address  
(if different from business address)

  
  
  
  
Postcode

Telephone number

Contact name

Email address

How long has the business operated from your current premises?

If less than 3 years, please provide previous address(es):

Postcode

Please provide address of any other premises used by the business  
*(continue on a separate sheet if necessary)*

Postcode

**Other details**

Company Registry number <i>(if applicable)</i>	<input type="text"/>	Incorporation Date	<input type="text"/>
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VAT Number <i>(if applicable)</i>	<input type="text"/>
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Income Tax Reference Number <i>(relevant to the entity applying for AWRS)</i>	<input type="text"/>
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**Official(s) of the business**

Please provide details of the official(s) of the business (where application is for a partnership, all the partners should be listed below and if the director/secretary is a corporate entity, please also provide these details)

Full Name	<input type="text"/>
Status	<input type="text"/>
National Insurance Number <i>(if applicable)</i>	<input type="text"/>
Date of Birth	<input type="text"/>
Full Name	<input type="text"/>
Status	<input type="text"/>
National Insurance Number <i>(if applicable)</i>	<input type="text"/>
Date of Birth	<input type="text"/>

Full Name	<input type="text"/>
Status	<input type="text"/>
National Insurance Number <i>(if applicable)</i>	<input type="text"/>
Date of Birth	<input type="text"/>

### **HMRC online 'Look up' system**

All approved wholesalers will be listed on a HMRC online 'Look up' system, that allows trade buyers to look up the details of their alcohol suppliers to ensure that they are registered for AWRS. The details will include:

- AWRS Unique Reference Number (URN)
- Name of the business
- Address of the business
- Contact name for the business
- Contact telephone number for the business
- Contact e-mail address for the business
- Date business registration approved for AWRS

Please provide below business details that you wish to be displayed on the HMRC online AWRS 'Look up' system

First Name	<input type="text"/>
Surname	<input type="text"/>
Look up telephone contact number <i>(including dialling STD)</i>	<input type="text"/>
Look up email address 1	<input type="text"/>
Look up email address 2	<input type="text"/>

## AWRS Group Applications

If you do not wish to create an AWRS group, please go to 'About the business'.

Please indicate the number of members in the group  
(including the representative member):

### Group representative

Please provide details of the entity who will be the group representative:

Company name

Trading name

Company Registry number  
(if applicable)

Incorporation Date

VAT Number (if applicable)

Income Tax Reference Number  
(relevant to the entity applying for AWRS)

**Group member details (if there is more than one group member, please provide the details on a separate sheet)**

Company name

Trading name

Company Registry number  
(if applicable)

Incorporation Date

VAT Number (if applicable)

Income Tax Reference Number  
(relevant to the entity applying for AWRS)

Address  
(if different to representative member)

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

**About the business**

Expected annual turnover

£
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Type of wholesaler

- Cash and carry
- Supplying to off trade only
- Supplying to on trade only
- Other
- All

How do you take business orders?

- Online only
- Online and telephone
- Online, telephone and physical premises
- Other
- All

What type of customer do you do business with?

- Pubs
- Nightclubs
- Private members clubs
- Hotels
- Hospitality/catering
- Restaurants
- Independent retailers
- National retailers
- Public
- Other wholesalers
- Other
- All

What type of alcohol products do you sell?

- Beer
- Wine
- Spirits
- Cider/Perry
- Other
- All

Do you use third party storage?

- Yes                       No

If 'Yes', please provide details  
(For example, if you store your  
goods in other persons premises)

Name
Address

Please provide details of main  
alcohol suppliers (up to 5):  
(i.e. supplies to you)

Name
Address

Name
Address

Name
Address

Name
Address

Name
Address

- Does your business export alcoholic goods?  
(i.e. outside of the EU)  Yes  No
- Does your business conduct EU dispatches of alcoholic goods?  
(i.e. sales to other EU member states)  Yes  No
- Do you import alcoholic goods?  
(i.e. bring in from outside the EU territory)  Yes  No
- Do you acquire alcoholic goods from EU member states?  Yes  No

**Declaration**

I declare that the information provided in the registration application is, to the best of my knowledge, accurate and complete.

Signature

Name

Status

Date

Privacy Notice

To find out more about how we collect and use personal information, contact any of our offices or visit our website at: <https://www.gov.im/about-the-government/departments/the-treasury/privacy-notice/> We will send you a paper copy if you telephone us or write to us using the contact details provided on this form.