

CERTIFICATION

by

\_\_\_\_\_  
Name of distiller, brewer, vintner, or importer

I certify that as the licensee/agent/employee of the establishment identified above that the  
wholesale licensee doing business as \_\_\_\_\_ is the primary  
source for the entire state of Alaska for the following list of brands:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone #