

Direct Shippers-RENEWAL

RENEWAL APPLICATION / INSTRUCTION FORM

The Renewal Advisory previously mailed to you *must* be submitted with this Direct Shippers Renewal Application

PLEASE ALLOW TEN(10) BUSINESS DAYS FOR PROCESSING. BE ADVISED THAT ANY DEFICIENCY IN THE APPLICATION OR FAILURE TO PROVIDE ALL SUPPORTING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR RENEWAL OR MAY LEAD TO THE DISAPPROVAL OF YOUR RENEWAL.

If the licensee has moved their operation to a new location, a new application is required. The appropriate application can be found on our website at: www.sla.ny.gov.

Documents to include with your renewal application:

1. Completed Renewal Application form and Renewal Advisory;
2. Personal, business, bank check or money order in the total amount due as listed on the invitation to renew. Write your license serial number on the check. Submit a check or money order with the Renewal Application. Make check or money order payable to New York State Liquor Authority.
3. A copy of your home state winery license.

The completed application and any supporting information, including the Renewal Advisory, should be mailed to our bank lockbox address of:

**M&T Bank Lockbox
New York State Liquor Authority
PO Box 8000-Dept 930
Buffalo, New York 14267**

Direct Shippers-RENEWAL

Please complete all of the fields provided in the form. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

1. Licensed Premises Information

Is your licensed premises closed? YES NO

If yes, is your NYS Direct Shippers license in safekeeping with the New York State Liquor Authority?

YES NO

Licensed Premises Name: License Serial #:

Trade Name (if applicable): Effective Date:

Federal Employer Identification Number : Expiration Date:

A. Does the licensee have a current home state wine manufacturers license? (submit a copy) YES NO

B. Does the licensee have a current Federal Basic Permit designating them as a wine producer/blender? YES NO

C. Has there been any change in the **status** or the **license/serial numbers** of the applicants home state wine manufacturing license and/or **Federal Basic Permit**? YES NO

If yes, list changes:

PLEASE NOTE:

If the licensees physical manufacturing/production location has been changed, you must re-apply for a new license under the new address. **DO NOT RENEW THE CURRENT LICENSE**

Address of the Licensed Premises

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board or notification from the Post Office.

Licensed Premises Address:

City: State: Zip Code:

County: Email Address:

Premises Telephone # (include area code): Contact Phone # (include area code):

Mailing Address (if different than premises address)

Mailing Address:

City: State: Zip Code:

Direct Shippers-RENEWAL

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been ARRESTED and/or CONVICTED during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations? YES NO Previously Reported

If YES, complete the chart below and where applicable, submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If necessary, attach additional sheets.

| Name of the Defendant | Connection with Licensed Premise (licensee, officer) | Date of Offense | Nature of the arrest and/or conviction | Disposition |
|-----------------------|--|-----------------|--|-------------|
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3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|--------------------|----------------------|
| Print Name: | <input type="text"/> | Date of Birth: | <input type="text"/> | Social Security #: | <input type="text"/> |
| Residence street address: | <input type="text"/> | | | | |
| City: | <input type="text"/> | State: | <input type="text"/> | Zip Code: | <input type="text"/> |
| Telephone # (include area code): | <input type="text"/> | Cell Phone # (include area code): | <input type="text"/> | | |
| Signature | | Title | | Date | |

B. Partnership (This section must be completed, signed and dated by each partner.)

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|--------------------|----------------------|
| Print Name: | <input type="text"/> | Date of Birth: | <input type="text"/> | Social Security #: | <input type="text"/> |
| Residence street address: | <input type="text"/> | | | | |
| City: | <input type="text"/> | State: | <input type="text"/> | Zip Code: | <input type="text"/> |
| Telephone # (include area code): | <input type="text"/> | Cell Phone # (include area code): | <input type="text"/> | | |
| Partner Signature | | Title | | Date | |

Direct Shippers-RENEWAL

B. Partnership *(Continued -attach additional sheets if necessary)*

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|--------------------|----------------------|
| Print Name: | <input type="text"/> | Date of Birth: | <input type="text"/> | Social Security #: | <input type="text"/> |
| Residence street address: | <input type="text"/> | | | | |
| City: | <input type="text"/> | State: | <input type="text"/> | Zip Code: | <input type="text"/> |
| Telephone # (include area code): | <input type="text"/> | Cell Phone # (include area code): | <input type="text"/> | | |
| Partner Signature | | Title | | Date | |

C. Corporation, LLC or LLP *(This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)*

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|--------------------|----------------------|
| Print Name: | <input type="text"/> | Date of Birth: | <input type="text"/> | Social Security #: | <input type="text"/> |
| Residence street address: | <input type="text"/> | | | | |
| City: | <input type="text"/> | State: | <input type="text"/> | Zip Code: | <input type="text"/> |
| Title: | <input type="text"/> | | | | |
| Telephone # (include area code): | <input type="text"/> | Cell Phone # (include area code): | <input type="text"/> | | |
| Authorized Signature | | Title | | Date | |