



Please check, date, and initial below to acknowledge understanding of the following:

- All required fields must be completed. Any that do not apply must be indicated as "N/A" (not applicable).
- Any application that is incomplete (fields not filled in, pages missing, signatures not present, etc.) will be disapproved.
- All applications must be typed. Handwritten applications will no longer be accepted.
- All disapprovals will result in the SLA retaining 25% of the registration fee.

Date:  Initials of Person Filing this Application: \_\_\_\_\_

**THIS APPLICATION MUST BE FILED BY THE NYS-LICENSED RETAILER WHO OWNS THE BRAND/TRADE NAME AND CAN ONLY BE SOLD AT THEIR LICENSED PREMISES**

- Is the applicant the brand owner?  Yes (continue with this application)  
 No (this does not meet the definition of a private label and cannot be registered as such)

Please use the checklist below to ensure that all required documents have been submitted and that they are legible. Please also note that a more detailed instruction guide has been provided to assist with properly filling out this application. It is available on our website.

- A complete set of LEGIBLE brand labels for the product listed on the application. All labels appearing on the bottle (including etched labels or screen printed) must be included, and all labels must conform to TTB rules and regulations. JPEGs, photos, and actual labels are acceptable if legible.
- A photo of the bottle/can/container ONLY if the net contents do not appear on the label itself. This photo must clearly show both the label and the net contents blown/etched into the bottle/can/container.
- A check or money order, made payable to the New York State Liquor Authority, (see registration fees on page 2), unless excepted based on an annual production amount of 1,000 gallons or less per calendar year. Note that "production amount" refers to the total amount produced, NOT the amount imported, bottled, etc.
- All sections of the application are mandatory and must be completed, unless indicated via "N/A" (not applicable).
- In the event that the COLA was obtained by a company not listed on the application, provide authorization from such company indicating that the brand agent may use the COLA/matching labels for registration purposes until such time that the labels run out.
- All pages of the application and supporting document(s) must be fastened together. **Duplicate copies of applications are no longer required**

**Mailing Instructions**

**If a fee is required, mail to (via United States Postal Service ONLY):**

**NYS Liquor Authority  
Brand Label Permit Unit  
PO Box 5207  
New York, NY 10008-5207**

**If a fee is not required, mail to:**

**NYS Liquor Authority  
80 S. Swan St.  
Suite 900  
Albany, NY 12210  
Attn: Brand Label Registration**

**PRIVATE LIQUOR BRAND LABEL REGISTRATION APPLICATION**  
**PLEASE BE GUIDED BY ABCL 107-A & ADVISORY 2014-7**

1. Applicant (Name as it appears on the NYS Retail License):	<input style="width: 95%;" type="text"/>	License Type	<input style="width: 95%;" type="text"/>
2. Applicant's License Serial Number (7 Digits):	<input style="width: 95%;" type="text"/>	Specify License Type if "Other"	<input style="width: 95%;" type="text"/>
3. Address of Premises of Applicant (as it appears on NYS Retail License):	<input style="width: 95%;" type="text"/>	County:	<input style="width: 95%;" type="text"/>
City:	<input style="width: 95%;" type="text"/>	, <b>NY</b>	Zip Code: <input style="width: 95%;" type="text"/>
		4. FEIN #:	<input style="width: 95%;" type="text"/>
5. Mailing Address of Applicant:	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 95%;" type="text"/>	State:	<input style="width: 95%;" type="text"/>
		Zip Code:	<input style="width: 95%;" type="text"/>

6. Brand Name: <input style="width: 95%;" type="text"/>	7. TTB ID # (13 or 14 digits): <input style="width: 95%;" type="text"/>	
8. CT # (3 digits): <input style="width: 95%;" type="text"/>	9. Net Contents: <input style="width: 95%;" type="text"/>	10. Product Type: <input style="width: 95%;" type="text"/>
11. Proof (not %): <input style="width: 95%;" type="text"/>	12. Country of Origin: <input style="width: 95%;" type="text"/>	Specify Product Type if "Other" <input style="width: 95%;" type="text"/>

13. Complete Name of Wholesaler Brand is Being Purchased From:	<input style="width: 95%;" type="text"/>
Complete Address of Wholesaler Brand is Being Purchased From:	<input style="width: 95%;" type="text"/>

14. Complete Name of US Agent/Importer (mandatory if imported):	<input style="width: 95%;" type="text"/>				
Street Address of US Agent/Importer:	<input style="width: 95%;" type="text"/>				
City:	<input style="width: 95%;" type="text"/>	State:	<input style="width: 95%;" type="text"/>	Zip Code:	<input style="width: 95%;" type="text"/>

15. Does your annual <b>production</b> amount of all liquor under this registration <b>exceed</b> 1,000 Gallons (The annual production includes all Liquor regardless of whether it is manufactured in or outside of New York State)?	<input style="width: 95%;" type="text"/>
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**If you checked "Yes" to question 15, the annual fee is \$250.00. The full annual fee is due at the time of the application submission. The license period for Liquor is from October 1<sup>st</sup> to September 30<sup>th</sup>; a pro-rated refund will be issued if applicable. If you checked "No" to question 15, no fee is required.**

16. If labeled as "gluten-free" does this comply with TTB and/or FDA labeling requirements for proper consumer notification regarding gluten treatment and/or processing?	<input style="width: 95%;" type="text"/>
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**PRIVATE LIQUOR BRAND LABEL REGISTRATION APPLICATION  
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**ATTACH VIA TAPE, GLUE, OR OTHER ADHESIVE ALL LABELS THAT YOU WISH TO REGISTER IN NEW YORK STATE  
(LABELS MUST BE LEGIBLE AND MUST NOT OVERLAP - ATTACH ADDITIONAL PAGES AS NEEDED)**

**PRIVATE LIQUOR BRAND LABEL REGISTRATION APPLICATION**  
**PLEASE BE GUIDED BY ABCL 107-A & ADVISORY 2014-7**

Contact Information for Correspondence:

Name:

Title:

Telephone Number:

Email Address:

**Brand Label Application Acknowledgement**

***Misrepresentation of facts may result in referral of the application to our Enforcement and/or Legal Departments for action.***

***By my signature, I acknowledge that I am the licensee filing this application or that I have been duly authorized by the licensee to file this application, that I know the contents of this application, and that the statements contained in this application are truthful.***

Signature: \_\_\_\_\_ Date:

Name:

Title:  Telephone Number:

**SLA Office Use Only**

Registration No.

Class No.

Fee

Data Entered On

Data Entered By

Expires on

Approved / Disapproved on \_\_\_\_\_ by \_\_\_\_\_  
Date License Board Member

**Reason(s) for Disapproval**