



**PRIVATE WINE PRODUCT/WINE SPECIALTY/LOW ALCOHOL WINE LABEL
REGISTRATION APPLICATION
PLEASE BE GUIDED BY ABCL 107-A & ADVISORY 2014-7**

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 completed, pages missing, signatures not present, etc.) will be disapproved.
- All applications must be typed. Handwritten applications will no longer be accepted and will be disapproved.
- 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 the 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 or silk-screened) must be included, and all labels must conform to TTB and/or FDA rules and regulations. JPEGs, photos, and actual labels are acceptable if legible.
- A photo of the bottle/can/keg/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/keg/container.
- A check or money order, MADE payable to the New York State Liquor Authority, (see registration fees on page 2).
- All sections of the application are mandatory and must be completed, unless indicated via "N/A" (not applicable).
- A lab analysis from a TTB-certified laboratory stating the alcohol content and ingredients of the alcoholic beverage.
- If a Nutrition Facts Chart does not appear on the label and the FDA has granted exemption from the requirement, complete and attach a copy of the FDA Nutrition Label Exemption Affirmation. It is available on our website.
- All pages of the application and supporting document(s) must be fastened together. **Duplicate copies of applications are no longer required**

Product Type

Wine Product- Beverage containing "Wine" which must the contain the following: concentrated or unconsecrated juice, flavoring material, water, citric acid, sugar and carbon dioxide. May not contain more that 6 % alcohol by volume, and nothing other than such "Wine" may be added to increase the alcoholic content of such beverage. The word **Wine Product** must be clearly indicated on the label and the list of ingredients must also be listed on the label.

Wine Specialty- "Wine" containing less than 7% alcohol by volume that includes ingredients not permitted in "Wine" as defined in ABCL §3(36) and does not meet the definition of a "Wine Product" set forth in ABCL §3(36-a). The designation "**Wine Specialty**" must be clearly indicated on the label.

Low Alcohol Wine- "Wine" containing less than 7% alcohol by volume that meets the definition of a "Wine" as defined in ABCL §3(36).

Mailing Instructions

Mail to (via United States Postal Service ONLY):

**NYS Liquor Authority
Brand Label Permit Unit
PO Box 5207**

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

6. Brand Name:

7. Net Contents 8. Alcohol % 9. Product Type: (See Page one)

10. Country of Origin:

| | |
|--|----------------------|
| 11. Complete Name of Wholesaler Brand is Being Purchased From: | <input type="text"/> |
| Complete Address of Wholesaler Brand is Being Purchased From: | <input type="text"/> |

| | | | |
|---|----------------------|-----------|----------------------|
| 12. Complete Name of US Agent/Importer (mandatory if imported): | <input type="text"/> | | |
| Street Address of US Agent/Importer: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text"/> |
| | | Zip Code: | <input type="text"/> |

13. Full annual fee is due at time of submission. A refund will be processed upon approval if pro-rated fees are applicable.

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15. 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?

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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)

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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

| | | |
|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registration No. | Class No. | Fee |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Data Entered On | Data Entered By | Expires on |
| Approved / Disapproved on _____ by _____ | | |
| Date | License Board Member | |
| <u>Reason(s) for Disapproval:</u> | | |
| | | |