



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

<input type="checkbox"/> All required fields must be completed. Any that do not apply will be indicated as "N/A" (not applicable). <input type="checkbox"/> Any application that is incomplete (fields not completed, pages missing, signatures not present, etc.) will be disapproved. <input type="checkbox"/> All applications must be typed. Handwritten applications will no longer be accepted and will be disapproved. <input type="checkbox"/> All disapprovals will result in the SLA retaining 25% of the registration fee.
Date: <input type="text"/> Initials of Person Filing this Application: _____

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.

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> An appointment letter is required if the applicant is a wholesaler who is NOT the brand owner. The letter must be on the brand owner's company letterhead and be signed and dated by an authorized party. The Letter must appoint the applicant the "NYS Exclusive Brand Agent," and must include each <u>individual</u> brand label name, not the entire product line.
<input type="checkbox"/> 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.
<input type="checkbox"/> All sections of the application are mandatory and must be completed, unless indicated via "N/A" (not applicable).
<input type="checkbox"/> 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.
<input type="checkbox"/> 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**

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

1. Applicant (Name as it appears on the NYS Wholesale License):	<input type="text"/>	License Type	<input type="text"/>
2. Applicant's License Serial Number (7 Digits):	<input type="text"/>	County:	<input type="text"/>
3. Address of Premises of Applicant (as it appears on NYS Wholesale License):	<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:	<input type="text"/>	7. TTB ID # (13 or 14 digits):	<input type="text"/>
8. CT # (3 digits):	<input type="text"/>	9. Net Contents	<input type="text"/>
10. Product Type:	<input type="text"/>		
11. Proof (not %)	<input type="text"/>	12. Country of Origin:	<input type="text"/>
		Specify Product Type if "Other"	<input type="text"/>

13. Complete Name of Brand Owner/Trade Name Owner:	<input type="text"/>
Complete Address of Brand Owner/Trade Name Owner:	<input type="text"/>

14. 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"/>

15. Does your annual production amount of all liquor under this registration exceed 1,000 Gallons (The annual production includes all Liquor regardless of whether it is manufactured in or outside of New York State)?	<input 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 1st to September 30th; 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 type="text"/>
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**STANDARD LIQUOR BRAND LABEL REGISTRATION APPLICATION
PLEASE BE GUIDED BY ABCL 107-A & ADVISORY 2014-7**

**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)**

**STANDARD 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: