



PRIVATE MALT BEVERAGE BRAND LABEL REGISTRATION

(REFERENCE ABC LAW 107-A & ADVISORY 2016-3)

THIS APPLICATION IS TO BE FILED BY THE NYS LICENSED RETAILER WHO OWNS THE BRAND. THE BRAND MAY ONLY BE SOLD AT THE RETAILERS LICENSED PREMISES.

All required fields must be completed. Fields that do not apply must indicate "N/A" (not applicable)

Applications that are submitted incomplete (blank fields, missing pages or signatures etc.) will not be accepted for filing.

Applications **must** be typed. Handwritten applications will be disapproved.

Disapproved registrations will be refunded if applicable, less 25%.

Submit a complete set of **LEGIBLE** brand labels for the product listed on the application. Include all labels appearing on the bottle (including etched, screen printed, etc.) All labels must conform to TTB rules and regulations. JPEGs, photos and actual labels are acceptable. **Applications submitted without labels will be disapproved.**

A photo of the bottle/can/keg container will be accepted **ONLY** if the net contents do not appear on the label. The photo must clearly show both the label and the net contents blown/etched on to the bottle/can/keg/ container.

Affix all pages of the application and supporting documents when submitting. Please do not send double sided copies of the application.

Date & Initial Here: _____

Application mailing instructions

Applications requiring a fee mail to:

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

Applications not requiring fees mail to:

NYS Liquor Authority
Brand Label Permit Unit
80 S Swan Street Suite 900
Albany, NY 12210

Note: When mailing to a PO Box, send by US Mail only, other forms of delivery will not be accepted.

PRIVATE MALT BEVERAGE BRAND LABEL REGISTRATION

1. Name on NYS Retail license:
 2. Applicant NYS Serial #:
 3. Address of premises (as it appears on NYS Retail license:)
 4. City: _____, NY 5. Zip Code: _____ 6. FEIN: _____
 7. Mailing Address if different:
 8. City: _____ 9. State: _____ 10. Zip Code: _____
 11. Brand Name:
 12. *TTB ID# _____ 13. *CT #: _____ 14. Net Contents: _____
- *You may indicate N/A for questions 13 & 14 if beer is brewed, bottled and sold in NYS exclusively.**
15. Country of Origin: _____ 16. Product Type: _____
- For alcohol manufactured in this state please refer to Brand Label Advisory 2016-3 regarding brand owner**
17. Name of Wholesaler or Manufacturer Brand is being Purchased from:
 18. Wholesaler or Manufacturer's Address:
 19. Name of Importer:
 20. Address of Importer:

Beer Brand Label Fee Schedule

For applications submitted 7/1/18 - 6/30/19 the fee submitted should be \$ 450
 For applications submitted 7/1/19 - 6/30/20 the fee submitted should be \$ 300
 For applications submitted 7/1/20 - 6/30/21 the fee submitted should be \$ 150

SLA Office Use Only

Registration Number _____	Class Number _____	Fee _____	Approve _____
			Disapprove _____
Intake Date _____	Expiration Date _____	Date & LB Member Initial _____	

PRIVATE MALT BEVERAGE BRAND LABEL REGISTRATION

Contact information for correspondence:

Name:

Title:

Telephone Number:

Email Address:

Brand Label Application Acknowledgement

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

I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

Signature

Date

Print Name & Title