



ANDREW M. CUOMO
GOVERNOR

STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
STATE LIQUOR AUTHORITY
ALFRED E. SMITH BUILDING
80 SOUTH SWAN STREET, SUITE 900
ALBANY, NY 12210-8002

DENNIS ROSEN
CHAIRMAN
JEANIQUE GREENE
NOREEN HEALEY
COMMISSIONERS

FDA NUTRITION LABEL EXEMPTION AFFIRMATION

Please fill out this affirmation if you are submitting a label for which you have been granted exemption from the FDA's Nutrition Labeling requirements, or for which exemption is not required due to size of production and of production crew.

I affirm that the label for _____ is in compliance with FDA labeling requirements. By my signature, I state that I have reviewed Section 403(q) of the Federal Food, Drug, and Cosmetic Act and that this label is in compliance with all applicable parts under Title 21 of the Code of Federal Regulations.

Signed _____
(Representative of Applicant/Manufacturer)

Date _____

Sworn to before me this _____ day of _____, 20____.

(Notary Public)

