

**APPLICATION FOR A CERTIFICATE AUTHORIZING THE SALE OF CIDER BY A CIDER PRODUCER (CD 606)**

This application is to be executed by a licensed CIDER PRODUCER for a certificate authorizing the sale of CIDER at retail to a householder for consumption in his/her home under Section 58(b) of the ABC Law, but no sale to such householder shall be in quantities aggregating more than fifteen (15) gallons. Revenues received by any such licensed CIDER PRODUCER from the sale of CIDER at retail to householders under such a certificate during the term thereof shall not exceed five (5%) per centum of all the revenues derived by such licensee from the sale of apples and cider during such term.

**This certificate is to be used exclusively by a Cider Producer.**

This application must be accompanied by a Check, Draft or Money Order in the amount of **\$125.00** payable to the New York State Liquor Authority.

**This application must be executed and mailed to following address:**

**New York State Liquor Authority  
PO Box 782772  
Philadelphia, PA 19178-2772**

**TO BE FILLED IN BY APPLICANT**

License Serial Number:

Name of Applicant:

Trade Name(DBA):

Premises Street Address:

City: , NY    Zip Code:     County:

The applicant hereby represents that he/she is the holder of a CIDER PRODUCER license and agrees that the application filed by said applicant for the original CIDER PRODUCER license and for any renewal thereof, shall be deemed and made part hereto, and considered by the State Liquor Authority in acting on this application.

**This CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT or EACH MEMBER of PARTNERSHIP**

The undersigned, each for himself/ herself, certifies that he is the applicant above named; that he/she knows the contents of the above application and the statements contained therein, that the same are true of his own knowledge; that no physical changes have been made to the licensed premises during the license period immediately preceding the period for which this application is made, except those authorized by the State Liquor Authority.

(Signature of applicant or partner)	(Printed Name of applicant or partner)	(Date)
(Signature/Title of authorized officer)	(Printed Name of authorized officer)	(Date)

[OFFICE USE ONLY]     APPROVED     DISAPPROVED

Print Form