

Direct Shippers-RENEWAL

RENEWAL APPLICATION / INSTRUCTION FORM

The Renewal Advisory previously mailed to you *must* be submitted with this Direct Shippers Renewal Application

PLEASE ALLOW TEN(10) BUSINESS DAYS FOR PROCESSING. BE ADVISED THAT ANY DEFICIENCY IN THE APPLICATION OR FAILURE TO PROVIDE ALL SUPPORTING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR RENEWAL OR MAY LEAD TO THE DISAPPROVAL OF YOUR RENEWAL.

If the licensee has moved their operation to a new location, a new application is required. The appropriate application can be found on our website at: www.sla.ny.gov.

Documents to include with your renewal application:

1. Completed Renewal Application form and Renewal Advisory;
2. Personal, business, bank check or money order in the total amount due as listed on the invitation to renew. Write your license serial number on the check. Submit a check or money order with the Renewal Application. Make check or money order payable to New York State Liquor Authority.
3. A copy of your home state winery license.

Please complete all of the fields provided in the form. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

The completed application and any supporting information, including the Renewal Advisory, should be mailed to our bank lockbox address of:

**M&T Bank Lockbox
New York State Liquor Authority
PO Box 8000-Dept 930
Buffalo, New York 14267**

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ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information

Is your licensed premises closed? YES NO

If yes, is your license in safekeeping with the Authority? YES NO

If yes, do you wish for your license to remain in Safekeeping at Renewal? YES NO

Licensed Premises Name:

License ID #:

Trade Name (if applicable):

Effective Date:

Federal Employer Identification Number (FEIN):

Expiration Date:

- A. Does the licensee have a current home state wine manufacturers license? (submit a copy)
- B. Does the licensee have a current Federal Basic Permit designating them as a wine producer/blender?
- C. Has there been any change in the status or the license/serial numbers of the applicants home state wine manufacturing license and/or Federal Basic Permit?

If yes, list changes:

PLEASE NOTE: If the licensees physical manufacturing/production location has been changed, you must re-apply for a new license under the new address. **DO NOT RENEW THE CURRENT LICENSE**

Address of the Licensed Premises

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board or notification from the Post Office.

Licensed Premise Address:

City:

State:

Zip Code:

County:

Email Address*:

**required*

Premises Telephone # (include area code):

Contact Phone # (include area code):

Mailing Address (if different than premises address)

Mailing Address:

City:

State:

Zip Code:

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Do you have a lease, management agreement, or other agreement giving you control of the premises? YES NO N/A:
(OWN/DEED)

Please be advised that the licensee(s) are required to retain control over the premises pursuant to Alcoholic Beverage Control Law § 111. Further, pursuant to Alcoholic Beverage Control Law §§ 110(1)(g) and 110(4) if there be any change, after the filing of the application for, or the granting of a license, in any of the facts required to be set forth in such application, you are required to notify the Authority within ten days after such change by the filing of a supplemental statement.

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been ARRESTED and/or CONVICTED during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations? YES NO Previously Reported

If YES, complete the chart below and where applicable, submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Telephone # (include area code):		Cell Phone # (include area code):
<p><i>By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.</i></p>		
Partner Signature	Title	Date

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**B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary**

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Telephone # (include area code):	Cell Phone # (include area code):	
<p><i>By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.</i></p>		
Partner Signature	Title	Date

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Telephone # (include area code):	Cell Phone # (include area code):	
<p><i>By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.</i></p>		
Partner Signature	Title	Date

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

IMPORTANT: NYS Department of State (DOS) Division of Corporations Attestation. By Signing below, I attest (i) that I am an authorized principal of the corporation, LLC, or LLP applying for renewal, and (ii) that the applicant corporation, LLC, or LLP exists and is currently in good standing and authorized to do business in New York with the DOS (i.e. has not been dissolved or annulled by proclamation).

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Title:	Corp., LLC, or LLP Name:	
Telephone # (include area code):	Cell Phone # (include area code):	
<p><i>By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.</i></p>		
Signature	Title	Date

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**C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)**

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Title:		
Telephone # (include area code):	Cell Phone # (include area code):	

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Title:		
Telephone # (include area code):	Cell Phone # (include area code):	

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Title:		
Telephone # (include area code):	Cell Phone # (include area code):	

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Title:		
Telephone # (include area code):	Cell Phone # (include area code):	