



Application for Registration as a Distributor of Alcoholic Beverages

Tax Law — Article 18

Read instructions, Form TP-215-I, before completing this application. Answer all questions. Attach additional sheets if necessary. You must submit a financial statement (see instructions).

Department use only									

I am applying for registration as a Distributor of Alcoholic Beverages for the following (check box or boxes):

- Beer (and similar fermented malt beverages)
 Wine, liquor, and all distilled or rectified spirits except cider
 Cider
 Check this box if you are an out-of-state winery applying for registration solely to ship your wine directly to consumers in New York State. Also check the *Wine, liquor, and all distilled or rectified spirits except cider* box above.

Print or type.

1 Legal name			
2 Trade name (if different from item 1)			
3 Address of principal place of business (number and street)		City	State
4 Mailing address (if different from business address)		ZIP code	
5 County (principal place of business)	6 Telephone number ()	7 Date business began or will begin in New York State	
8 Federal employer identification number		9 Other federal employer identification number, if any	
10 Type of organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify): _____			
11 List owners, officers, directors, partners, and responsible individuals (see instructions). Attach additional sheets if necessary.			
Name		Social security number	Percentage of ownership
Home address (number and street)		Title	
City	State	ZIP code	Duties (a-g) (see instructions)
		Telephone number ()	
Name		Social security number	Percentage of ownership
Home address (number and street)		Title	
City	State	ZIP code	Duties (a-g) (see instructions)
		Telephone number ()	
Name		Social security number	Percentage of ownership
Home address (number and street)		Title	
City	State	ZIP code	Duties (a-g) (see instructions)
		Telephone number ()	
Name		Social security number	Percentage of ownership
Home address (number and street)		Title	
City	State	ZIP code	Duties (a-g) (see instructions)
		Telephone number ()	
12 Enter the percentage of voting stock held by all other owners not listed in item 11. (The total percentage of voting stock in items 11 and 12 must equal 100%)			%

(continued)

13 Name and address of banking institutions with which your business maintains or will maintain accounts (give branch office if applicable).

Name	Address

14 Are you registered as a New York State sales tax vendor?

Yes - Enter the exact name, address, and identification number that appear on your sales tax *Certificate of Authority (C of A)*.

Name		Identification number	
Number and street	City	State	ZIP code

No - You must submit a completed Form DTF-17, *Application for Registration as a Sales Tax Vendor*, with this application (see instructions).

15 Are you currently registered or do you have tax accounts with New York State for the following taxes?

If Yes, enter identification number below

a. Corporation tax	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Withholding tax.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Motor fuel tax	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Highway use tax.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Petroleum business taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Other taxes (specify):.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

16 Do you have a State Liquor Authority (SLA) license?

Yes - Enter the exact name, address, and identification number that appear on your New York State license.

Name		Identification number	
Number and street	City	State	ZIP code

No - You must be licensed by the SLA before your application can be approved (see instructions).

Check this box if you are an out-of-state winery and have an application pending with the SLA for a *Direct shipper's license*.

17 Type of business for which you have a State Liquor Authority license (check all that apply).

a. Liquor.....	<input type="checkbox"/> Distiller	<input type="checkbox"/> Compounder or blender	<input type="checkbox"/> Importer wholesaler	<input type="checkbox"/> Importer retailer	<input type="checkbox"/> Importer user	<input type="checkbox"/> Other specify: _____
b. Wine.....	<input type="checkbox"/> Blender	<input type="checkbox"/> Winery	<input type="checkbox"/> Importer wholesaler	<input type="checkbox"/> Importer retailer	<input type="checkbox"/> Importer user	<input type="checkbox"/> Other specify: _____
c. Beer	<input type="checkbox"/> Refiner	<input type="checkbox"/> Compounder or blender	<input type="checkbox"/> Importer wholesaler	<input type="checkbox"/> Importer retailer	<input type="checkbox"/> Importer user	<input type="checkbox"/> Other specify: _____
d. Cider	<input type="checkbox"/> Refiner	<input type="checkbox"/> Compounder or blender	<input type="checkbox"/> Importer wholesaler	<input type="checkbox"/> Importer retailer	<input type="checkbox"/> Importer user	<input type="checkbox"/> Other specify: _____

18 Name and address of your alcoholic beverages suppliers

Name	Address

19 Indicate the number of liters (or gallons if wine, cider, or beer) you expect to sell per month.

Liquor, alcohol, and distilled or rectified spirits (over 24% alcohol by volume) _____ liters
 (over 2% but not over 24% alcohol by volume) _____ liters
 (½% but not over 2% alcohol by volume) _____ liters

Wine (include sparkling and still) _____ gallons Cider _____ gallons Beer _____ gallons

(continued)

- 20** During the last five years, has the applicant or anyone listed in item 11 either (a) owned or controlled, directly or indirectly, more than 10% of the voting stock (25% or more if four or fewer shareholders own or control the voting stock) of a business other than the one for which you are applying or (b) been an officer, director, or partner of a business other than the one for which you are applying?
 Yes No If Yes, complete the following. Attach additional sheets if necessary.

Name of business	Federal EIN
Address (number, street, city, state, ZIP code)	
Name of applicant	
Name of business	Federal EIN
Address (number, street, city, state, ZIP code)	
Name of applicant	
Name of business	Federal EIN
Address (number, street, city, state, ZIP code)	
Name of applicant	
Name of business	Federal EIN
Address (number, street, city, state, ZIP code)	
Name of applicant	

- 21** Does the applicant, anyone listed in item 11, or any business listed in item 20 (at the time anyone listed in item 11 was connected with the business) have any outstanding tax liabilities under the Tax Law?
 Yes No If Yes, complete the following. Attach additional sheets if necessary.

Name of applicant, person or business	Type of tax	Amount due	Assessment number	Assessment date

Certification: I certify that, to the best of my knowledge and belief, this application is correct and complete. I understand that a willfully false representation is a crime under section 1813 of the New York State Tax Law.

Date	Signature	Title
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Privacy Notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.