

Department of Taxation and Finance

Application for Registration as a Distributor of Alcoholic Beverages

TP-215

Tax Law - Article 18

Read Form TP-215-I, Instructions for I	Form TP-215, before com	pleting	this form. Answer all	questions. Attac	h additional	sheets as ne	ecessary.	
I am applying for registration as a d			-		_	at apply):	0:1.	
Liquor	eer 🗌	Dire	ect shipper	W	/ine		Cider	
Do you elect to file annually?								
Yes – I am eligible, and I elect to f	ile my tax return on an an	nual b	asis rather than on a	monthly basis (se	e instructions	s).		
Section A: Business identifi	cation (complete all a	pplica	ble fields; see instr	ructions)				
Legal name								
DBA or trade name (if different from legal name above) Employ					Employer ID	yer ID number (EIN)		
All Circle Charles								
Address of principal place of business (number	er and street; not a PO box)							
City	U.S. state/Canadian prov	ince	County	ZIP/Postal code		Country		
Mallian address of the late of the late								
Mailing address (if different from business address	s)							
City		U.S. s	tate/Canadian province	ZIP/Postal code		Country	Country	
Business number	Fax number		Email addre	ee				
()	()		Email addic	555				
Sole proprietorship (individual) Limited liability partnership (LLP) Indicate the number of liters of liqu Liquor, alcohol, and distilled or rectifie Over 24% alcohol by volume	Limited liability coor or gallons of wine, cid	ompan der, or	y (LLC) beer you expect to	-	🗌 (spe		liters	
Over 2% but not over 24% alcohol	by volume						liters	
Wine (include sparkling and still)	gallons	(Cider	gallons	Beer_		gallons	
Section B: Other requirement	nts							
Do you have a State Liquor Authori	ty (SLA) license?							
Yes – Enter below the exact name No – You must be licensed by the Application pending (see instruction	SLA before your applicat				ate license.			
Name		Lie	cense type		License nun	nber		
Number and street			City		State	ZIP code		
Are you registered as a New York S	tate sales tax vendor?		1					
Yes								
No − You must apply and receive by using the New York Business E				on will be approv	ed for regis	tration. You r	nay apply online	

Section C: List owners, officers, directors, partners, and o (Attach additional sheets if necessary; see instructions)	tner responsible individu	ais	
Name	Social Security number	Percentage of ownership	
		%	
Home address (number and street)	Title		
City State ZIP code	Duties (a-g) (see instructions)	Telephone nu	mber
		()	
Name	Social Security number		Percentage of ownership
Home address (number and street)	Title		%
City State ZIP code	Duties (a-g) (see instructions)	Telephone nu	mber
Enter the percentage of voting stock held by all other owners not listed in this		1	0/
(The total percentage of voting stock must equal 100%)			%
applying or (b) been an officer, director, or partner of a business other than th Yes – Complete the following. Attach additional sheets if necessary. No	e one for which you are applying:	?	
Name of applicant or other responsible individual	E	EIN	
Name of other business			
Address (number, street, city, state, ZIP code)			
Name of applicant or other responsible individual	E	EIN	
Name of other business	L		
Address (number, street, city, state, ZIP code)			
Section D: Checklist			
This application will not be approved unless the following information is	s completed:		
☐ Did you mark an X in all applicable boxes indicating which registrations you ☐ Did you complete section A for the business identification of the applicant	ou are applying for as a distributor?		erages?
Did you mark an X in section A indicating your entity type (sole proprietors		•	amplete egation D
☐ Have you applied for your New York State Liquor Authority license and Ne☐ Did you complete section C for owners, officers, directors, partners, and of		my≀ be sure to d	omplete section B.
☐ Did you answer the question in section C and provide the requested infor or controlled voting stock of another business during the last five years?		son included in s	ections A or C owned
Did you resolve all open tax liabilities for the applicant or owners, officers			
Are you current with all tax returns required to be filed for the applicant or instructions)?	owners, officers, directors, partne	ers, and respons	ble individuals (see
Did a person listed in section C, as owner or responsible person, sign the	application?		
Mail completed application and all required documents to: NYS TAX DEPARTMENT, REGISTRATION AND BOND UN	IIT, W A HARRIMAN CAMPUS, A	ALBANY NY 122	27-2993
If not using U.S. Mail, see Publication 55, Designated Private Delivery Serv			
Certification: I certify that, to the best of my knowledge and belief, this applic representation is a crime under section 1813 of the New York State Tax Law.	cation is correct and complete. I u	nderstand that a	willfully false
Date Signature	Title		