



Application for Registration as a Distributor of Alcoholic Beverages

Tax Law – Article 18

Read Form TP-215-I, *Instructions for Form TP-215*, before completing this form. Answer all questions. Attach additional sheets as necessary.

I am applying for registration as a distributor of alcoholic beverages for the following (mark an X in the box for all that apply):

- Liquor Beer Direct wine shipper Wine Cider

Do you elect to file annually?

- Yes – I am eligible, and I elect to file my tax return on an annual basis rather than on a monthly basis (see instructions).

Section A – Business identification (complete all applicable fields; see instructions)

Legal name				
DBA or trade name (if different from legal name above)				Employer ID number (EIN)
Address of principal place of business (number and street; not a PO box)				
City	U.S. state/Canadian province	County	ZIP/Postal code	Country
Mailing address (if different from business address)				
City	U.S. state/Canadian province	ZIP/Postal code	Country	
Business number ()	Fax number ()	Email address		

Type of organization (mark an X in one or more boxes):

- Sole proprietorship (individual) Partnership Corporation
 Limited liability partnership (LLP) Limited liability company (LLC) Other (specify) _____

Indicate the number of liters of liquor or gallons of 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

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

Section B – Other requirements

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

- Yes – Enter below the exact name, address, and identification number that appear on your New York State license.
 No – You **must** be licensed by the SLA before your application can be approved (see instructions).
 Application pending (see instructions).

Name	License type	License number		
Number and street	City	State	ZIP code	

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

- Yes
 No – You **must** apply and receive your NYS *Certificate of Authority* before this application will be approved for registration. You may apply online by using the *New York Business Express* at www.businessexpress.ny.gov.

Section C – List owners, officers, directors, partners, and other responsible individuals

(Attach additional sheets if necessary; see instructions)

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 ()
Enter the percentage of voting stock held by all other owners not listed in this section. (The total percentage of voting stock must equal 100%).....		%

During the last five years, has the applicant or any responsible individual listed above 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 – Complete the following. Attach additional sheets if necessary.
- No

Name of applicant or other responsible individual	EIN
Name of other business	
Address (number, street, city, state, ZIP code)	
Name of applicant or other responsible individual	EIN
Name of other business	
Address (number, street, city, state, ZIP code)	

Section D – Checklist

This application will not be approved unless the following information is completed:

- Did you mark an **X** in all applicable boxes indicating which registrations you are applying for as a distributor of alcoholic beverages?
- Did you complete section A for the business identification of the applicant?
- Did you mark an **X** in section A indicating your entity type (sole proprietorship, partnership, corporation, etc)?
- Have you applied for your New York State Liquor Authority license and New York State *Certificate of Authority*? Be sure to complete section B.
- Did you complete section C for owners, officers, directors, partners, and other responsible individuals?
- Did you answer the question in section C and provide the requested information if the applicant or any person included in sections A or C owned or controlled voting stock of another business during the last five years?
- Did you resolve all open tax liabilities for the applicant or owners, officers, directors, partners, and responsible individuals (see instructions)?
- Are you current with all tax returns required to be filed for the applicant or owners, officers, directors, partners, and responsible individuals (see instructions)?
- 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, TDAB/FACCTS-REGISTRATION AND BOND UNIT, W A HARRIMAN CAMPUS, ALBANY NY 12227-2993

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

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
------	-----------	-------