

**MALT BEVERAGE
LABEL FILING APPLICATION**

Submit this form to the Department of ABC, Attn: Price Posting, 3927 Lennane Drive, Suite 100, Sacramento, CA 95834. Include labels attached to a separate sheet of paper (*no photocopies or size reductions*). Also include an endorsed copy of your fictitious business name statement, if applicable. (See additional instructions, ABC-412 Instr.)

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| 1. MANUFACTURER'S LEGAL NAME | 2. CALIFORNIA ABC LICENSE NUMBER <input type="checkbox"/> Pending |
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| 3. MANUFACTURER'S ADDRESS (Street number and name, city, state, zip code) | 4. CERTIFICATE OF COMPLIANCE NUMBER <input type="checkbox"/> Pending |
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|--------------------------|-------------------------|
| 5. CONTACT PERSON'S NAME | 6. CONTACT PHONE NUMBER |
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7. IS THE MANUFACTURER OF THE PRODUCT DIFFERENT FROM THE SHIPPER
 Yes No If Yes, complete questions #8-11. If No, skip to question #12.

8. SHIPPER'S NAME (As appears on Bill of Lading as Consignor)

9. SHIPPER'S ADDRESS (Street number and name, city, state, zip code)

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| 10. CONTACT PERSON'S NAME | 11. CONTACT PHONE NUMBER |
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12. IS PRODUCT CONTRACT BREWED?
 Yes No If Yes, complete questions #13-17. If No, skip to question #18.

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| 13. CONTRACTOR'S NAME | 14. IF IN CA, LICENSE NUMBER <input type="checkbox"/> Pending |
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15. CONTRACTOR'S ADDRESS (Street number and name, city, state, zip code)

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|---------------------------|--------------------------|
| 16. CONTACT PERSON'S NAME | 17. CONTACT PHONE NUMBER |
|---------------------------|--------------------------|

18. IS MANUFACTURER USING A FICTITIOUS BUSINESS NAME ON LABEL?
 Yes No If Yes, complete questions #19-20. If No, skip to question #21.

19. FICTITIOUS BUSINESS NAME

20. HAS FICTITIOUS BUSINESS NAME STATEMENT BEEN FILED PREVIOUSLY WITH ABC?
 Yes No

21. IS THIS PRODUCT REQUIRED TO BE LABELED PURSUANT TO SECTION 25205 OF THE ABC ACT?
 Yes No

| 22. PRODUCT BRAND(S) | SIZE(S) | ALCOHOL CONTENT PERCENTAGE (By volume) |
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| 23. AUTHORIZED SIGNATURE | 24. DATE SIGNED |
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FOR ABC USE ONLY

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|---|-------------|
| <input type="checkbox"/> Label(s) Accepted For Filing <input type="checkbox"/> Label(s) Rejected For Filing (See attached ABC-412 INSTR) | DATE MAILED |
| | |

DEPARTMENT SIGNATURE