S.P.A. NOTIFICATION FORM – REQUEST FOR APPROVAL

INSTRUCTIONS:

Each code must be submitted on a separate form.
Send completed form to:

Pennsylvania Liquor Control Board
Product Selection – Room 218
Northwest Office Building
Harrisburg, PA 17124-0001

Date Submitted: _____

Vendor of Record for Product: _____

Contact Person: _____

Phone: _____

Circle one: Domestic Import

CODE	BRAND NAME	SIZE	CASE DISCOUNT AMOUNT	REQUESTED PASS-THRU MONTH
_____	_____	_____	$_____	_____

Retail $ _____ **Suggested Discount** $ _____ **Suggested Sale Price** $ _____

Estimated Sales: _____

Advertising, etc.: _____

Prior Programs:

Dates _____ Sales _____

Dates _____ Sales _____

Dates _____ Sales _____