



N.S.L.C. LISTING APPLICATION

IMPORTANT - PLEASE INCLUDE THE FOLLOWING WITH COMPLETED LISTING APPLICATION:

- * **Application must include: Front & Back Labels, Tasting Notes and Applicable Listing Fee;**
- * **Labelling Requirements:** Ensure label(s) comply with all Canadian Federal Labeling Regulations including the Return for Refund in French & English as required by the Nova Scotia Department of the Environment.
- * **Product Images:** Must be supplied as a 6" original size, Hi Resolution 300 dpi file. Update according with label changes.
- * **Marketing Plan:** Must be included if applying for General List;
- * **Note: Effective immediately, listing fees noted below will be charged.**
- * To view Listing Types in detail, go to our website at www.thenslc.com, choose Supplier Information and Listing Policy and Operating Procedures.

PRODUCT INFORMATION:		
Type of Listing (see types below):		
Consumption Reference Article: (Internal Only):		
GENERAL CORE - New, Exchange, Transfer		
GENERAL ONE TIME ONLY - Seasonal, Christmas, Festival, Beaujolais Nouveau, Promotional, Temporary, Test Market		
LICENSEE ONLY		
PORT OF WINE SELECT (Brands that will complement both the General list and POW list)		
PORT OF WINE CORE & ONE TIME ONLY	Listing Fees	General Core \$200.00
PRIVATE WINE & SPECIALTY STORE		General OTO \$50.00
AGENT STOCKING		Licensee Only \$200.00
OPIMIAN SOCIETY		POW Select \$100.00
ADDED VALUES		POW \$50.00
<u>If Product is for Exchange, complete the following section:</u>		
Exchange Product Description:		
Exchange Product Article Number:		
Exit Strategy of Exchange Product:		
Product Name:		
Category:		
Type/Style:		
Wine Color (if applicable):		
Supplier/Winery Name:		
Article Number: (internal only)		
GTIN- 8,12,13 (UPC - Retail Package):		
GTIN- 14 (SCC - Carton Code):		
Lead Time (Calendar Days):		
Vintage (if applicable)		



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Retail Package Liquid Volume (ml):		Cases per Tier:	
Units/Retail Package Unit:		Cases per Pallet:	
Retail Package Units/Case:		Availability Date of Product:	
Retail Package Unit/Sleeve:		Min. Purchase Order Qty (Cs):	
Case Weight (Kg):		Max. Purchase Order Qty (Cs):	
Shipping Case Dimensions (cm)		Retail Package Dimensions (cm):	
Height:		Height:	
Width:		Width:	
Length:		Length:	
Country of Origin:			
Region:			
Container Type:			
Closure Type:			
Primary Grape Variety:			
Sweetness Index (0-5):			
Quality Type:			
Currency:		Price per Case:	
Incoterm:		Anticipated Retail Price:	
Incoterm Point (Specify):		% Alcohol by Volume:	
Transfer of Ownership Point:		Inbond/Duty Paid (Specify):	
Incoterm Point: Specify FOB - Port (City) vendor delivers to Port or if ExCellars - NSLC Freight Forwarder will pick up at Vendor W/H			
<u>Beer, Ciders, Coolers, Cream Based Products Only</u>			
Shelf Life:			
Production Code and/or Best Before Date (mm/dd/yy):			
<u>Christmas Products Only</u>			
Special Package Description:			
(i.e. gift box with two crystal glasses)			
Special Package Cost:			
Allocated Product for Christmas (Cases):			
Lead Time for Christmas Items:			



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VN-VENDOR: (Specify Shipping Pick-Up Point Warehouse Location)

Vendor Name:		
Address:	Street number & name:	
	City:	
	State/Province:	
	Country:	
	Postal Code/Zip Code:	
	P.O. Box (if applicable)	
Contact Person/Title:		
Contact Details:	Telephone:	
	Cell:	
	Fax:	
	E-mail:	

OA-ORDERING ADDRESS: (Specify where Purchase Order should be sent - may be different from Vendor Address)

Ordering Address Name:		
Address:	Street number & name:	
	City:	
	State/Province:	
	Country:	
	Postal Code/Zip Code:	
	P.O. Box (if applicable)	
Contact Person/Title:		
Contact Details:	Telephone:	
	Cell:	
	Fax:	
	E-mail:	

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N.S.L.C. LISTING APPLICATION

PI-INVOICE PARTY: (Specify company/supplier that should receive Payment for goods received)

Invoice Party Name:		
Address:	Street number & name:	
	City:	
	State/Province:	
	Country:	
	Postal Code/Zip Code:	
	P.O. Box (if applicable)	
Contact Name:		
Canadian Business/ HST Number: (Canadian Suppliers Only)	Telephone:	
	Fax:	
	E-mail:	

Please complete Banking Information Form for new approved listings and forward to Accounts Payable. Form can be accessed at www.thenslc.com (Supplier/Licensee Info).

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AGENCY/REPRESENTATIVE NAME

Agency/Representative Name:		
Contact Person/Title:		
Contact Details:	Telephone:	
	Cell:	
	Fax:	
	E-mail:	

Signature of Applicant

Date



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MARKETING PLAN

Internal Activities

Please indicate the NSLC Merchandising Program(s) for this product:

PROGRAMS	Number of Periods/Months	Budgeted Amount
Regular Floor Display		
Guaranteed Floor Display		
Limited Time Offer (LT)		
Added Value/Near Pack		
Instant Redemption Coupon		
Grey Checkout		
Front at Cash		
Impulse at Cash		
Corner at Cash		
Cooler at Cash		
Wine Cooler program		
Shelf Extender		
LCD Screens		
Shelf Talker/Neck Tag		
Miscellaneous at Cash		
Customer Tastings (Total no. of tastings per year)		
Staff Tastings		
	Total Internal Amount \$	\$ -

External Activities

Describe ALL annual external advertising/promotional activity(s) in support of this brand that will be executed in Nova Scotia (i.e. Print, Radio, Television, Licensee, etc.)

Total amount of budget for external activity in Nova Scotia: _____

If your product is approved for listing, the NSLC reserves the right to verify if funds identified above are spent on internal activities.

Signature of Applicant

Date

To view Merchandising Fees go to our website at www.thenslc.com, choose Supplier Information then choose In-store Merchandising & Advertising Operational Procedures