

**FINE WINE & GOOD SPIRITS**

## Request for Shelf Talkers, Bottleneckers and Tear Pads

Instructions:

1. This form must be submitted for each request for shelf talkers, bottleneckers and tear pads.
2. Original shelf talkers, bottleneckers and/or tear pads must be attached to the submission.
3. Request must be submitted **at least 60 days prior** to the requested starting date.
4. Please identify an expiration date not greater than **90 days** after the starting month.
5. Email the completed form and attachments to [ra-lbconsumeroffers@pa.gov](mailto:ra-lbconsumeroffers@pa.gov).

Requested starting month:\_\_\_\_\_ Expiration date:\_\_\_\_\_

Vendor of record for product(s): \_\_\_\_\_

Company submitting form: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IDENTIFY ALL CODES INCLUDED IN THIS PROGRAM BELOW.**

[illegible]