

RENEWAL APPLICATION / INSTRUCTION FORM

PLEASE ALLOW TEN(10) BUSINESS DAYS FOR PROCESSING. BE ADVISED THAT ANY DEFICIENCY IN THE APPLICATION OR FAILURE TO PROVIDE ALL SUPPORTING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR RENEWAL OR MAY LEAD TO THE DISAPPROVAL OF YOUR RENEWAL.

The following documents are required to be submitted by all NYS Wholesale Licensees:

- Renewal Advisory
- Completed Renewal Application form (all pages)
- Submit a check or money order payable to New York State Liquor Authority in the total amount as shown on the Renewal Advisory.
- Original surety bond in the appropriate amount; **SIGNED BY THE LICENSEE**; and with the expiration of the bond being the same as the license expiration date on the Renewal Advisory . The bond must have the premises name and address typed exactly as it appears on your license certificate. Following is a list of license types with the bond amounts for each type:

101-MI Micro Brewer	No Bond Required	205-DB Distiller B-1	No Bond Required
101-D Brewer	\$15,000	206-DA Distiller A-1	No Bond Required
103-C Beer Wholesaler	\$10,000	207-DD Farm Distiller	No Bond Required
104-BC Cider By Beer	No Bond Required	301-DW Winery	\$10,000
105-CO Beer Wholesaler	\$10,000	302-FW Farm Winery	No Bond Required
106-FD Farm Brewer	No Bond Required	303-WW Wine Wholesaler	\$10,000
201-DA Distiller A	\$25,000	304-CD Cider Producer	\$1,000
202-DB Distiller B	\$25,000	307-MW Micro Winery	No Bond Required
203-LL Liquor Wholesaler	\$20,000	309-CF Farm Cidery	No Bond Required
204-DC Distiller C	\$5,000		

If applicable, submit the following:

- Notice of appearance if an attorney or representative assisted in completing this renewal application.
- If the Trade Name has changed since the last renewal filing you must also include an Assumed Name Filing
- Receipt from the NYS Dept. of State (for a corporation, Inc, LLC, LP or Ltd.) or a Business Certificate from the County Clerk's office (for sole proprietors) with the renewal application.

The only change that can be made during the Renewal process is a Trade Name (DBA) change. If there have been any changes to the principals of the licensee, any physical changes to the licensed premises or any changes to the approved method of operation you must file the appropriate change application that can be found on our website: www.sla.ny.gov. You must receive approval from the Authority before making such changes.

The completed application and any supporting information, including the **Renewal Advisory**, must be mailed to the address below:

M&T Bank Lockbox
New York State Liquor Authority
PO Box 8000-Dept 930
Buffalo, New York 14267

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information

Is your licensed premises closed? YES NO

If yes, is your license in safekeeping with the Authority? YES NO

If yes, do you wish for your license to remain in Safekeeping at Renewal? YES NO

Is your license a C-103 Beer Wholesaler license? YES NO

If yes to any of the above, unless you hold a C-103 license, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open.

If you have Farm Manufacturing Branch Office permit(s), are you also renewing said permit(s)?

YES NO NOT APPLICABLE

If no, please explain reason for non-renewal:

Licensed Premises Name: License Serial #:

Trade Name (if applicable):

Federal Employer Identification Number (FEIN):

Certificate of Authority Number:

Address of the Licensed Premises

Licensed Premises Address:

**Required*

City: State: Zip Code:

County: Email Address:

**Required*

Premises Telephone # (include area code): Contact Phone # (include area code):

**Required*

If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.

Mailing Address (if different than premises address)

Mailing Address:

City: State: Zip Code:

Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

Address:

City: State: Zip Code:

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any principal of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations? YES NO Previously Reported

If **YES**, complete the chart below and where applicable, submit a **Police Report, Certificate of Disposition, Certificate of Conviction** or a **Certificate of Relief from Disabilities** from the Court Clerk for each case. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Signature	Title		Date		

B. Partnership (This section must be completed, signed and dated by each partner.)

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature	Title		Date		

B. Partnership *(Continued -attach additional sheets if necessary)*

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

.....

Partner Signature Title Date

C. Corporation, LLC or LLP *(This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)*

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

.....

Authorized Signature Title Date

All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

List of other principals continued *(Attach additional pages as needed to include all principals)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		