

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

APPLICATION FOR AN ON PREMISES ESTABLISHMENT LICENSE BY A MANUFACTURER

FILING CHECKLIST

APPLICANTS SHOULD KEEP A COPY OF THIS APPLICATION AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

Section 100(7) of the Alcoholic Beverage Control Law requires that Notice be posted in a conspicuous place at the entrance of the premises within 10 days of filing a new application to sell liquor at retail. This Notice does not apply to a premises that is currently licensed to sell liquor at retail. This Notice Form can be found on our website under "Notice to be Posted at Proposed Premises".

Section 110-b of the ABC Law requires ALL on-premises applicants (whether applying for beer, wine, or liquor licenses) to notify the local Municipality or Community Board at least 30 days prior to filing an application with the Liquor Authority. THE COMPLETED STANDARDIZED NOTICE FORM AND PROOF OF DELIVERY MUST BE SUBMITTED WITH THIS APPLICATION.

All Applicants MUST include the following Sections of the Retail License Application at the time of submission:

- | | |
|--|--|
| <input type="checkbox"/> Application (Pages 4-5) | <input type="checkbox"/> Method of Operation |
| <input type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Notice of Appearance (if represented by someone other than the applicant) |
| <input type="checkbox"/> 500 Foot Law Statement | <input type="checkbox"/> Applicant's Statement |
| <input type="checkbox"/> Statement of Area Plan | |
| <input type="checkbox"/> Establishment Questionnaire | |

All Applicants MUST submit the following Supporting Documents when filing the application:

- ☐ Bond, Form L-9 (signed by the applicant and expiring at the end of the initial licensing term)
- ☐ Completed copy of the Standardized Form for providing 30 days advance notice to the municipality with proof of delivery
- ☐ Detailed Diagrams of the premise to be license (See Diagram instructions and Examples at the end of this application.)
- ☐ Investment Records showing the source and availability of the funds to be used for the venture if in excess of \$15,000
- ☐ Lease Agreement (required if the area to be licensed at retail was not included in the original manufacturing license application)
- ☐ Letter of request to waive the 2 restroom rule (if only 1 restroom)
- ☐ Menu
- ☐ Photos of the proposed premises (exterior and interior-including kitchen area)
- ☐ Submission of the all fees associated with this application (see instructions and online retail fee chart)

All Applicants MUST submit the following Supporting Documents before a license can be issued (Conditions of Approval):

- | | |
|--|---|
| <input type="checkbox"/> Assumed Name Filing Receipt (if a different trade name will be used for the establishment than was approved on the manufacturing license) | <input type="checkbox"/> Newspaper Affidavit |
| <input type="checkbox"/> Certificate of Authority to Collect Sales Tax (If previously unsubmitted) | <input type="checkbox"/> Maximum Occupancy Certificate (if requesting the restroom waiver) |
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Photos of the premises showing ready to open and operate |
| | <input type="checkbox"/> Worker's Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage |

☐ Original☐ Amended

Date


**State Liquor
Authority**

1. Date Notice Was Sent: 1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

☐ New Application ☐ Renewal ☐ Alteration ☐ Corporate Change ☐ Removal ☐ Class Change

For **New** applicants, answer each question below using all information known to date.

For **Renewal** applicants, set forth your approved Method of Operation only.

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s).

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals.

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type.

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board:
Applicant/Licensee Information

4. License Serial Number, if Applicable: Expiration Date, if Applicable:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , **NY** Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

12. Type(s) of Alcohol sold or to be sold: ☐ Beer & Cider ☐ Wine, Beer & Cider ☐ Liquor, Wine, Beer & Cider

13. Extent of Food Service: ☐ Full food menu;
Full Kitchen run by a chef or cook ☐ Menu meets legal minimum food availability requirements;
Food prep area at minimum

14. Type of Establishment:

15. Method of Operation: (Check all that apply)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☐ Recorded Music ☐ Karaoke
☐ Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.):
☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☐ Other (specify):

16. Licensed Outdoor Area: (Check all that apply)

☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify):

☐ Original☐ Amended

Date


**State Liquor
Authority**

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a
Local Municipality or Community Board**
(Page 2 of 2 of Form)

17. List the floor(s) of the building that the establishment is located on:
18. List the room number(s) the establishment is located in within the building, if appropriate:
19. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☐ Yes ☐ No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☐ Yes ☐ No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
22. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (If Yes SKIP 23-26) ☐ No

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name:
24. Building Owner's Street Address:
25. City, Town or Village: State: Zip Code:
26. Business Telephone Number of Building Owner:

**Representative or Attorney representing the Applicant in Connection with the
application for a license to traffic in alcohol at the establishment identified in this notice**

27. Representative/Attorney's Full Name:
28. Street Address:
29. City, Town or Village: State: Zip Code:
30. Business Telephone Number of Representative/Attorney:
31. Business Email Address:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

32. Printed Name: Title

Signature: **X** _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

APPLICATION FOR AN ON PREMISES ESTABLISHMENT LICENSE BY A MANUFACTURER

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant :

(Must match the name on the current or proposed Manufacturing License)

Trade Name (DBA): must be provided if premises will be called by any name other than as listed in the "Name of Applicant" otherwise write "N/A"

Proposed Premises Street Address:

City:

, NY

Zip Code:

County:

Telephone Number of Premises (include area code):

Applicant E-mail address (required):

Business Website:

Manufacturing License Serial Number :

☐ Pending

Mailing Address (if different than above):

City:

State:

Zip Code:

2. CONTACT (if other than applicant)

Name of Contact:

☐ Attorney☐ Representative☐ Contact Person

Office Address:

City:

State:

Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

3. For SEASONAL licenses only (Select license date range)

to:

4. LICENSE TYPE:

CODE:

5. Number of ADDITIONAL BARS (if any):

(see retail fee chart)

5a. Months that SEASONAL add bars will operate:

to:

(see retail fee chart)

6. TOTAL PAYMENT DUE:

**7. Certificate of Authority to Collect
NYS Sales Tax - List # If Issued:**

☐ Pending

[OFFICE USE ONLY]

DATE FILED:

SERIAL #:

continued on next page

☐ Original☐ Amended

Date

FINANCIAL DISCLOSURE**1. Are the investment funds for this venture under \$15,000 and drawn from the business account of the existing manufacturing business?** ☐ Yes (skip to page 6) ☐ No (complete form below)

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed.

Personal Questionnaires must be submitted for all investors, joint account holders, donors, or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.**2. EXPENSES (Actual or Estimated)****2a.** Real Property (if purchased within the past year by the applicant or any of its principals):**2b.** Purchase/Contract Price of Business (submit copy of contract):**2c.** Renovations/Improvement Costs (i.e.: furnishings, fixtures, etc.):**2d.** Miscellaneous (any other expense related to this venture):**TOTAL EXPENSES**

Total of lines 1a through 1d.

3. CASH*

*Cash includes funds on hand that do not need to be repaid. For example, checking or savings account or gifted funds.

Attach copies of bank statements or other financial documentation for **EACH** source of cash.**3a. Source of Funds****Personal Questionnaire attached** ☐**Dollar Amount****3b. Source of Funds****Personal Questionnaire attached** ☐**Dollar Amount****3c. Source of Funds****Personal Questionnaire attached** ☐**Dollar Amount****TOTAL CASH**

Total of All Cash Expended

4. BORROWED*

*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes.

Attach copies of agreements or other financial documentation for **EACH** source of borrowed monies.**4a. Source of Funds****Personal Questionnaire attached** ☐**Dollar Amount****4b. Source of Funds****Personal Questionnaire attached** ☐**Dollar Amount****4c. Source of Funds****Personal Questionnaire attached** ☐**Dollar Amount****TOTAL BORROWED**

Total of All Borrowed Funds

5. Have all investors been disclosed in this application?☐ Yes ☐ No**TOTAL INVESTMENT**

Total Cash plus Total Borrowed

☐ Original☐ Amended

Date

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine application)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises: Check the appropriate box below:

- ☐ IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- ☐ IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- ☐ NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- ☐ NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- ☐ NOT APPLICABLE - BEER & WINE ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

**For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project)
system, which is available on our website.**

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

☐ Original☐ Amended

Date

STATEMENT OF AREA PLAN 200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN **300 FEET**
2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?** ☐ Yes
(Exclusive use as a church or place of worship will be determined by this agency)
(Please respond "YES" if ANY school, church or place of worship is within 200 feet) ☐ No
3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship (8½" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Distance:	<input style="width: 90%;" type="text"/>
2. Name of church/school:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Distance:	<input style="width: 90%;" type="text"/>
3. Name of church/school:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Distance:	<input style="width: 90%;" type="text"/>

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system,
which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

☐ Original☐ Amended

Date

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

☐ Yes ☐ No ☐ Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? ☐ Yes ☐ No

If Yes, please specify:

3. Premises (Interior):

3a. List the total number of floors of the entire building, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(i.e. basement, ground floor, 2nd & 3rd floor, etc.)

3c. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). ☐ Yes ☐ No

3d. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc. ☐ Yes ☐ No

If YES, describe and depict in diagrams:

3e. How many public restrooms? If less than two(2) public bathrooms you must request a waiver of the two(2) restroom rule in writing. Show restrooms on diagram.

3f. List the maximum occupancy of the premises:

3g. Number of tables?

3h. Number of seats at tables?

3i. Number of seats at bar or counter?

4. BARS:

4a. How many bars* for customers are located on the premises? (*A bar is where customers may order, purchase, or receive alcoholic beverages.)

4b. How many service bars*? (Service bar is for wait staff use exclusively.)

☐ Original☐ Amended

Date

4c. Describe each bar in the fields below:

Bar 1**Bar 2****Bar 3**Bar Type Bar Type Bar Type Length Length Length Shape Shape Shape

Attach additional sheets if there are more than 3 bars.

5. KITCHEN5a. Does premises have a full kitchen? ☐ Yes ☐ NoIf NO, does premises have a food preparation area? ☐ Yes ☐ No**Show Kitchen or Food Preparation Area on the Interior Diagram.****NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**5b. Is a chef/cook employed at the premises? ☐ Yes ☐ NoIf YES, list hours of day chef/cook will devote to the premises: **6. HOTEL or BED & BREAKFAST**6a. How many floors? 6b. How many guest rooms? 6c. For Hotels Only: Is there a restaurant in the building(s) housing the proposed hotel? ☐ Yes ☐ No**7. OUTDOOR AREAS**7a. Are there any outside areas used for the sale or consumption of alcoholic beverages? ☐ Yes ☐ No

7b. There must be access from the interior of the premises to be licensed to any outdoor area(s) that you wish to license. Show access on diagram. Check all of the following types that apply:

☐ Sidewalk Cafe☐ Deck☐ Patio☐ Porch☐ Gazebo☐ Rooftop☐ Yard☐ Balcony☐ Pavilion☐ Tent☐ Other 7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided? ☐ Yes ☐ No

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

☐ Fencing☐ Wall☐ Shrubbery☐ Roping☐ Stanchions☐ Other 7e. Is a permit required by locality for outside area(s)? ☐ Yes ☐ No

If yes, submit a copy of the permit.

continued on next page

☐ Original☐ Amended

Date

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1 Select the type(s) of alcohol you intend to serve at the premises:

☐ Beer and Cider Only☐ Wine, Beer, and Cider☐ Liquor, Wine, Beer, and Cider

1a. Select the type(s) of establishment you are applying for from the list below (based upon your intended method of operation):

☐ Restaurant☐ Hotel☐ Bar/Tavern☐ Catering Establishment/Conference Center☐ Bed & Breakfast☐ Other (Explain)

2. Will premises have music? ☐ Yes ☐ No

2a. If Yes select all that apply:

☐ Live☐ Recorded☐ DJ☐ Juke Box☐ Karaoke

4. Will the premises permit dancing? ☐ Yes ☐ No

4a. If Yes, is a Cabaret or other Permit required by the municipality? ☐ Yes ☐ No

If Yes, a copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance? ☐ Patrons ☐ Employees for entertainment ☐ Both

4c. If Yes, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? ☐ Yes ☐ No

5. Will there be topless entertainment? ☐ Yes ☐ No

6. How many employees? (Excluding principals and security personnel.)

6a. If answer is zero employees ("0"), then provide an explanation below:

7. NYS Law requires businesses to carry workers' compensation and disability insurance. If applied for and pending, please indicate.

7a. Workers' Compensation Carrier Name and Policy Number:

7b. Disability Insurance Carrier Name and Policy Number:

8. Will there be security personnel? ☐ Yes ☐ No 9a. If Yes, how many?

8a. If "yes" provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired.

The Licensee is responsible for assuring that security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link: <http://www.sla.ny.gov/provisions-for-county-closing-hours>

continued on next page

☐ Original☐ Amended

Date

NOTICE OF PUBLICATION

All applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper once a week for two successive weeks** as hereinafter provided per Section 107 of the ABC Law.

- If the proposed premises are located in any county **other** than New York, Kings, Queens, or Bronx, the NOTICE shall be published in a daily **OR** weekly newspaper in the **city, town or village** where the premises are located. If there is no daily or weekly newspaper published in the city, town or village in which the proposed premises is located, then such notice shall be published in a daily or weekly newspaper published in the county in which the proposed premises is located.
- If the proposed premises are located in the counties of New York, Kings, Queens or Bronx, the NOTICE shall be published in one daily **AND** one weekly newspaper published in the county where the premises are located.

The NOTICE shall be printed in *English* in the following form:

Notice is hereby given that a license, number (fill in serial number, if not known write "Pending" in this space) for (fill in beer, liquor and/or wine, as the case may be) has been applied for by **the undersigned*** to sell (fill in beer, liquor and/or wine, as the case may be) at retail in a (hotel, club, restaurant, vessel, railcar, or other type of establishment, as the case may be) under the Alcoholic Beverage Control Law at (fill in street address, city, town or village and county in which the premises are located) for on premises consumption.

(*Applicant's name and Trade Name of business (DBA) must appear at the bottom of the advertisement)

The first publication shall be made within 10 days of the filing of the application. Applicant shall obtain two original copies of proof of publication. One copy must be submitted to the Authority within **15 days** of receipt. The second copy shall be retained by applicant. **Except for good cause shown, the Authority shall not issue the license unless proof of publication is submitted within such 15 day period.**

The form of proof of publication shall be as follows. This affidavit should be completed by a representative of the publishing newspaper:

STATE OF NEW YORK

COUNTY OF _____

_____ of _____ being duly sworn, says that (s)he is

_____ of the publishers of the _____, a (daily) or

(weekly) newspaper (printed and) published in the (city, town, village, or county)

_____, and that the notice of which the annexed is a true copy, has been

published in said newspaper for once a week for two successive weeks commencing on the _____ day of

Sworn to before me this _____ day of _____

☐ Original☐ Amended

Date

RIGHT TO PREMISES

Is the area to be licensed for retail on premise consumption a part of the Manufacturing Premise on record? ☐ **Yes** (skip to page 13) ☐ **No** (complete form below)

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

☐ Own ☐ Lease ☐ Sub-Lease ☐ Binding contract to acquire real property ☐ Written intent to Lease

☐ Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name listed on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? ☐ Yes ☐ No

If YES, list the section/page of the lease this information can be found

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

☐ Yes ☐ No

If YES, state the names and address of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Nature of interest	Date Acquired
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Nature of interest	Date Acquired
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Nature of interest	Date Acquired
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Original☐ Amended

Date

LANDLORD IDENTIFICATION INFORMATION

Is the landlord of the property to be licensed for retail on premises consumption the same landlord on record for the Manufacturing Premises?

☐ **Yes** (skip to page 13) ☐ **No** (complete form below)

1. Name of Landlord (as it appears on lease and deed):

2. Landlord Mailing Address:

City:

State:

Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals (ALL landlord principals must be disclosed below.)

Name

Address (if different than Landlord's Mailing Address above)

Name

Address (if different than Landlord's Mailing Address above)

Name

Address (if different than Landlord's Mailing Address above)

Name

Address (if different than Landlord's Mailing Address above)

5. Are any of the Landlord Principals currently or previously licensed under the ABC Laws?

☐ Yes ☐ No

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any of the Landlord Principals police officers?:

☐ Yes ☐ No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

☐ Original☐ Amended

Date

STATE OF NEW YORK**NOTICE OF APPEARANCE**

Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection, a record of who appears before it, for a fee as a third party (i.e., an attorney, an agent, lobbyist*, or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency. This usually occurs when the third party's client is involved in an enforcement, formal permit, or application matter. *This form is subject to all the rules and regulations of the Freedom of Information Law. Information that is confidential as a matter of law need not be furnished.*

Agency:

Date**Division/Bureau:**

1. Name of individual appearing:

Address:

Telephone:

Email:

2. Client represented:

Address:

Telephone:

3. Subject of appearance:
☐
Regulatory/Enforcement
☐
Lobbying

4. Acting in capacity of:
☐
Attorney
☐
Lobbyist
☐
Agent
☐
Other (describe)

5. Are you being compensated?
☐
Yes
☐
No**If YES, Check FEE or SALARY**
☐
FEE
☐
SALARY**6. Signature of individual appearing:**

7. Agency official (print name):

Signature:

*A LOBBYIST is a person or organization, other than a New York State government employee acting in an official capacity, who appears for the purpose of influencing the adoption or rejection of proposed rules, regulations, rates, legislation, including the State budget or the specification or award of a State Procurement Contract. An "appearance" for lobbying purposes can be a personal visit, letter, telephone call, conversation at a meeting, or any other type of contact, but does not include "on the record" proceedings or hearings.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

☐ Original☐ Amended

Date

APPLICANT'S STATEMENT

I, [print name] _____

(the ☐ sole proprietor , ☐ partner , ☐ corporate principal or ☐ LLC/LLP member)
understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Signature

Date

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

DIAGRAM INSTRUCTIONS

All diagrams must be submitted on 8 ½" x 11" sheets of paper.

Do not use graph paper as this cannot be clearly scanned.

Interior Diagrams:

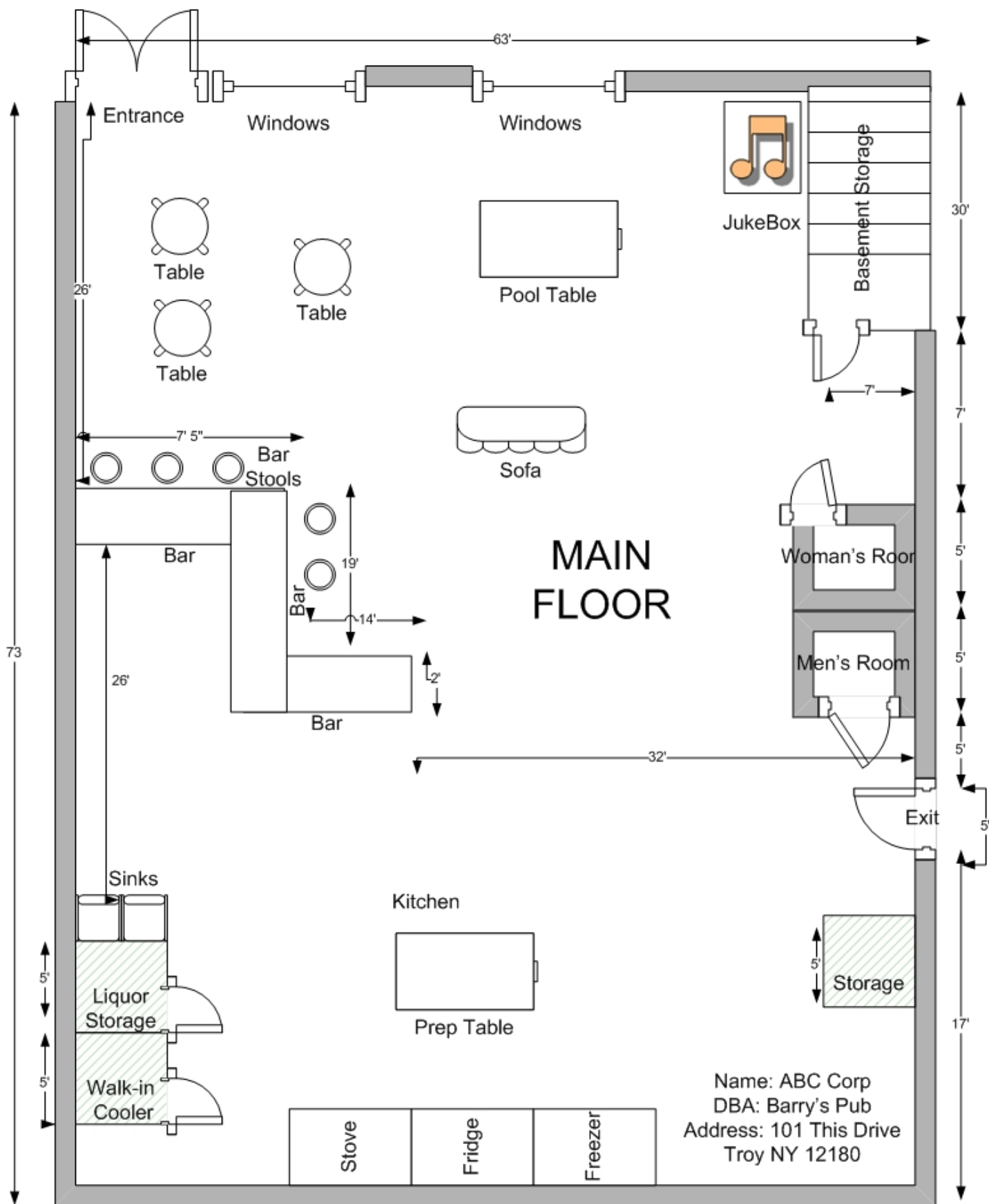
- Each and every floor should have its own diagram (including any floor used for the storage of alcoholic beverages or office space where books and records are maintained). Label each floor (basement, ground floor, second floor, etc.)
- Provide the interior and exterior dimensions of the premises, including the length of all bars and other prominent fixtures.
- Label **all** rooms, including but not limited to: storage rooms, offices, dining areas, kitchen/food preparation areas, restrooms, etc.
- Show the number of tables and chairs for patrons within the establishment and indicate the number of chairs/stools at the bars.
- Show any outside dining/service areas on the Interior Diagram for the appropriate floor (e.g. sidewalk café, deck, porch, roof, etc.). Give details as to how this area will be contained and supervised. **Note:** The outside area must be connected to the premises to be licensed, and cannot be divided by any passageway over which the applicant does not have exclusive control. The outside area must be enclosed by a physical barrier that restricts patrons from entering and exiting the area.
- Show all interior and exterior walls, entrances and exits, stairways, elevators, trap doors, sanitary facilities, display windows or other openings, counters, closets, shelves, storage areas, and any other notable features. Leave space between the exterior walls and the paper's edge.
- If the premises occupies a portion of a floor, depict the entire floor of the building and show the proposed licensed premises's location on the floor. Show all points of access to and from the premises and label any shared/common areas.

Block Plot Diagram (aerial view of the building, with nearby businesses/residences labeled)

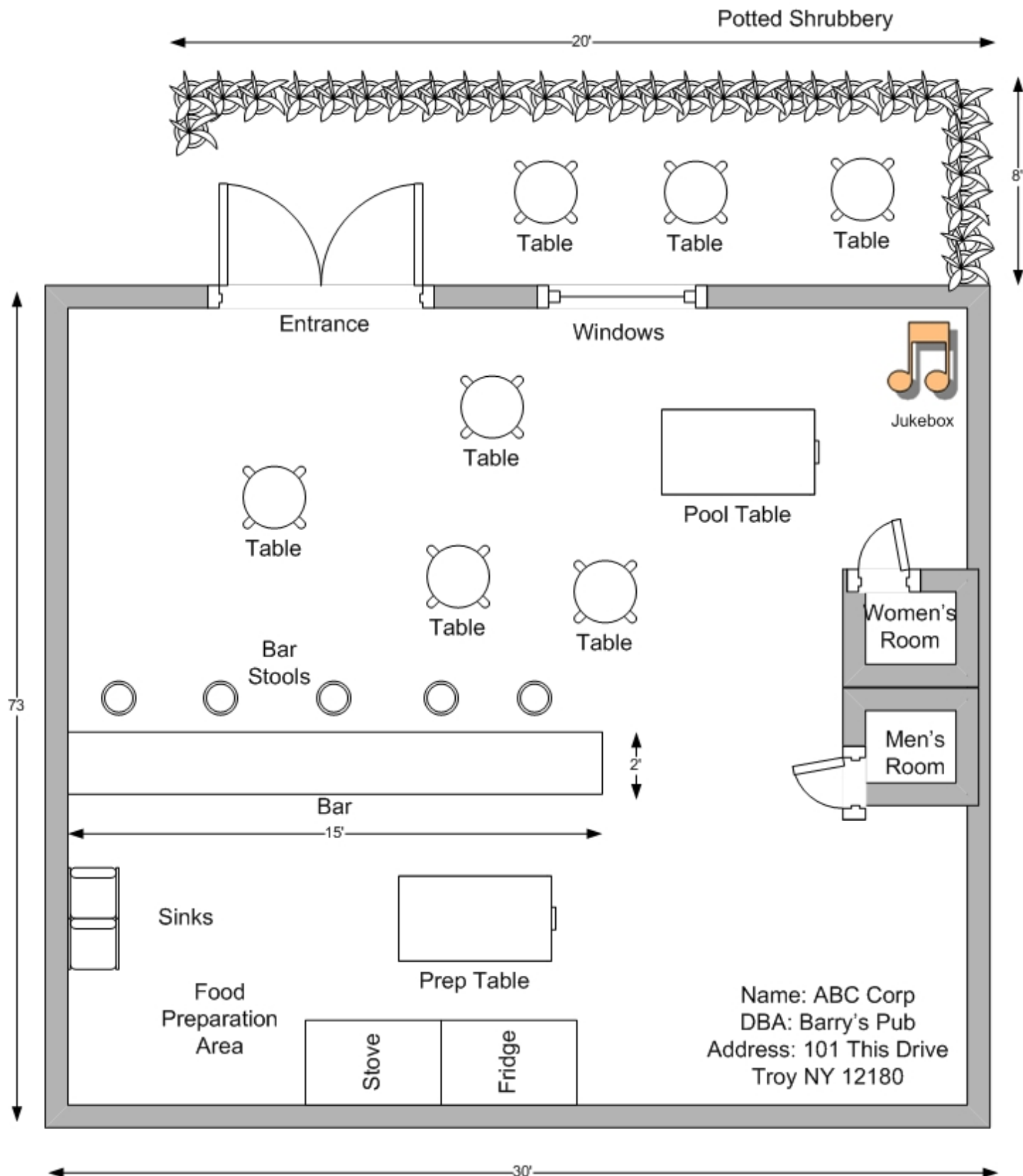
***Only required for establishments that are applying for a license that permits on-premises consumption of liquor.*

- Show all other buildings, parking lots, empty lots, etc. Make sure that you label each building (i.e.. Nail Salon, Church, Residence, etc.)
- Label the streets by name and include the intersections at either end of the block when possible.
- Include all places of worship and schools and all on-premises liquor establishments within 500 feet of the proposed premises.

EXAMPLE OF INTERIOR (GROUND FLOOR)

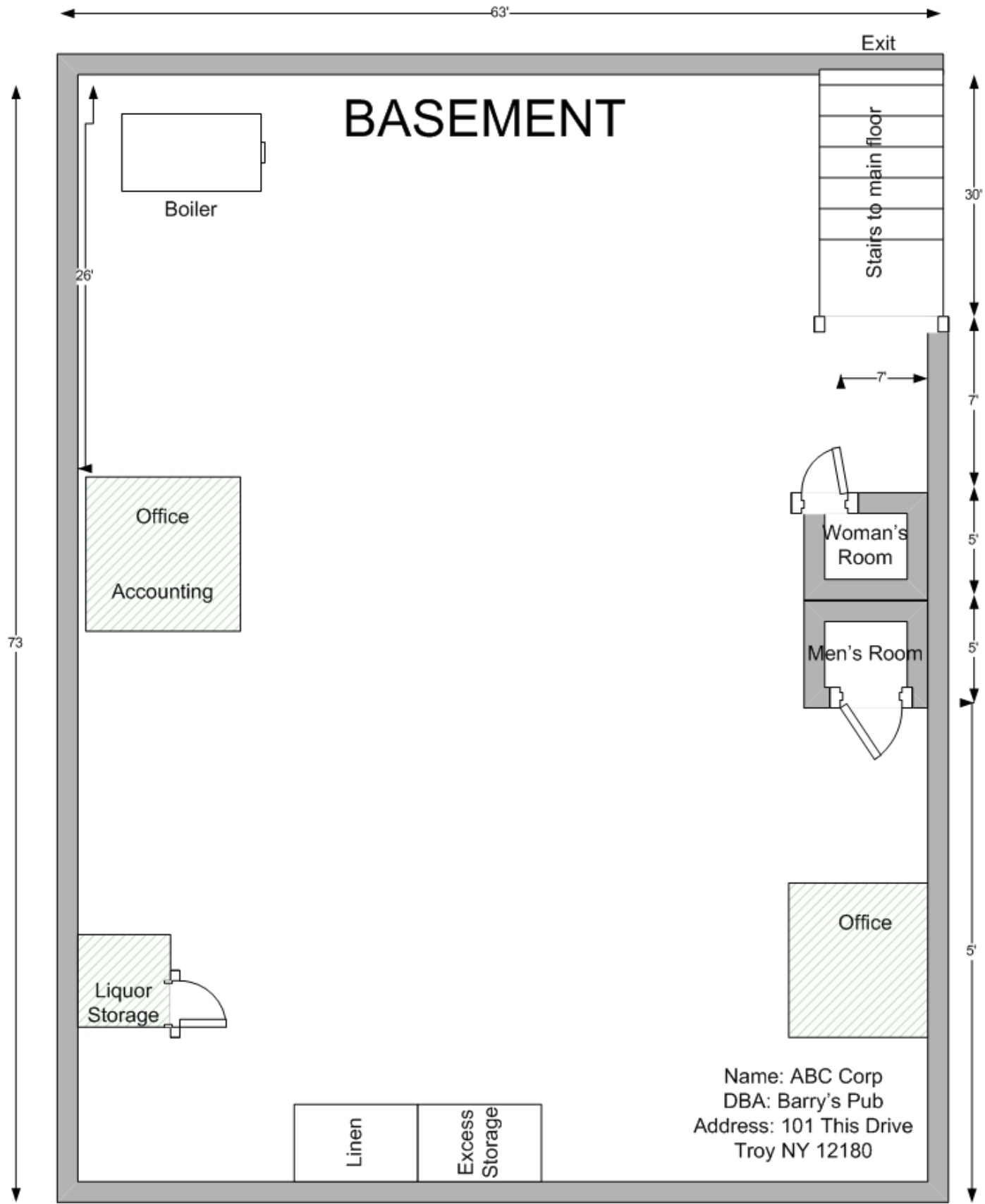


EXAMPLE OF INTERIOR WITH OUTDOOR AREA (GROUND FLOOR)



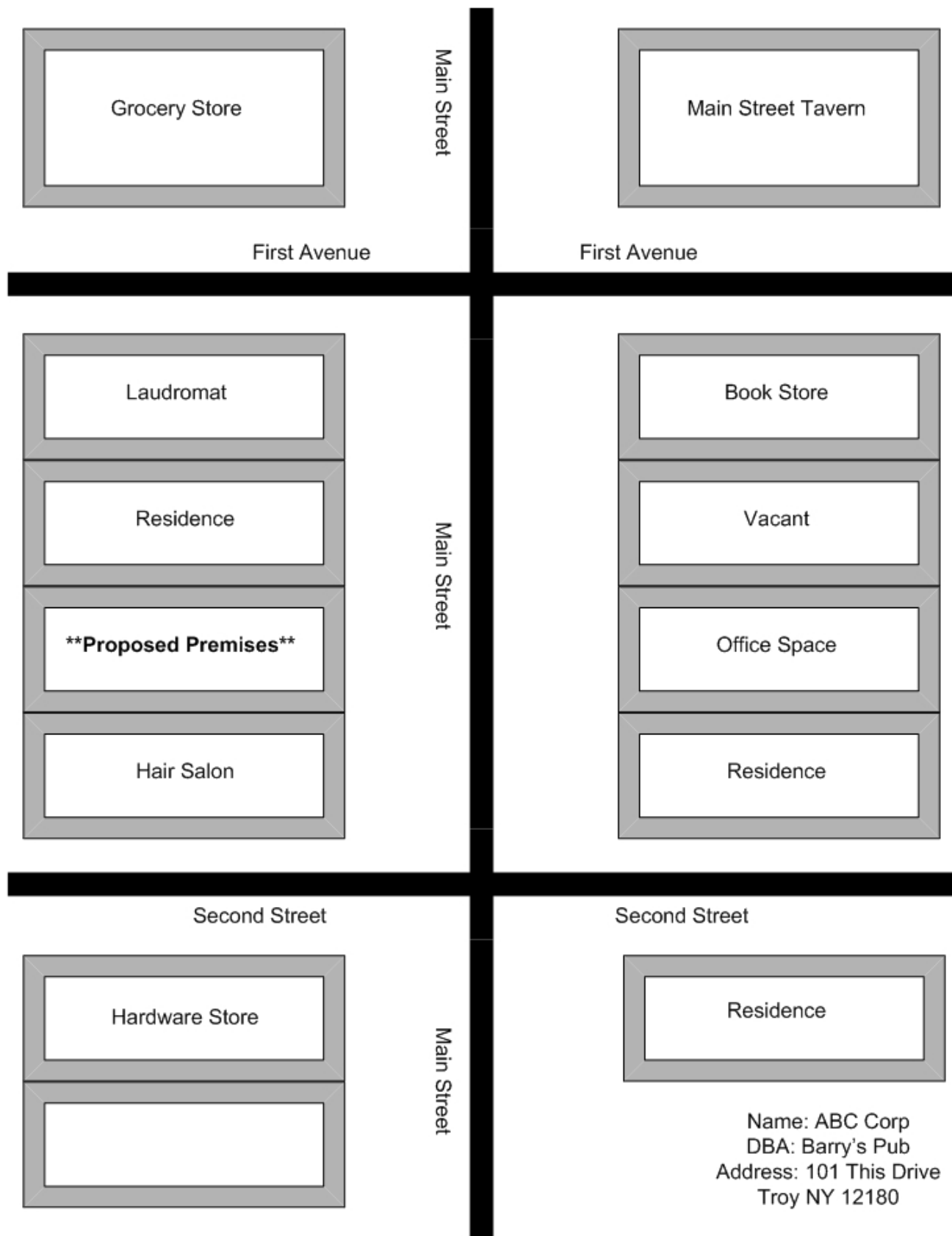
OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

EXAMPLE OF INTERIOR (BASEMENT)



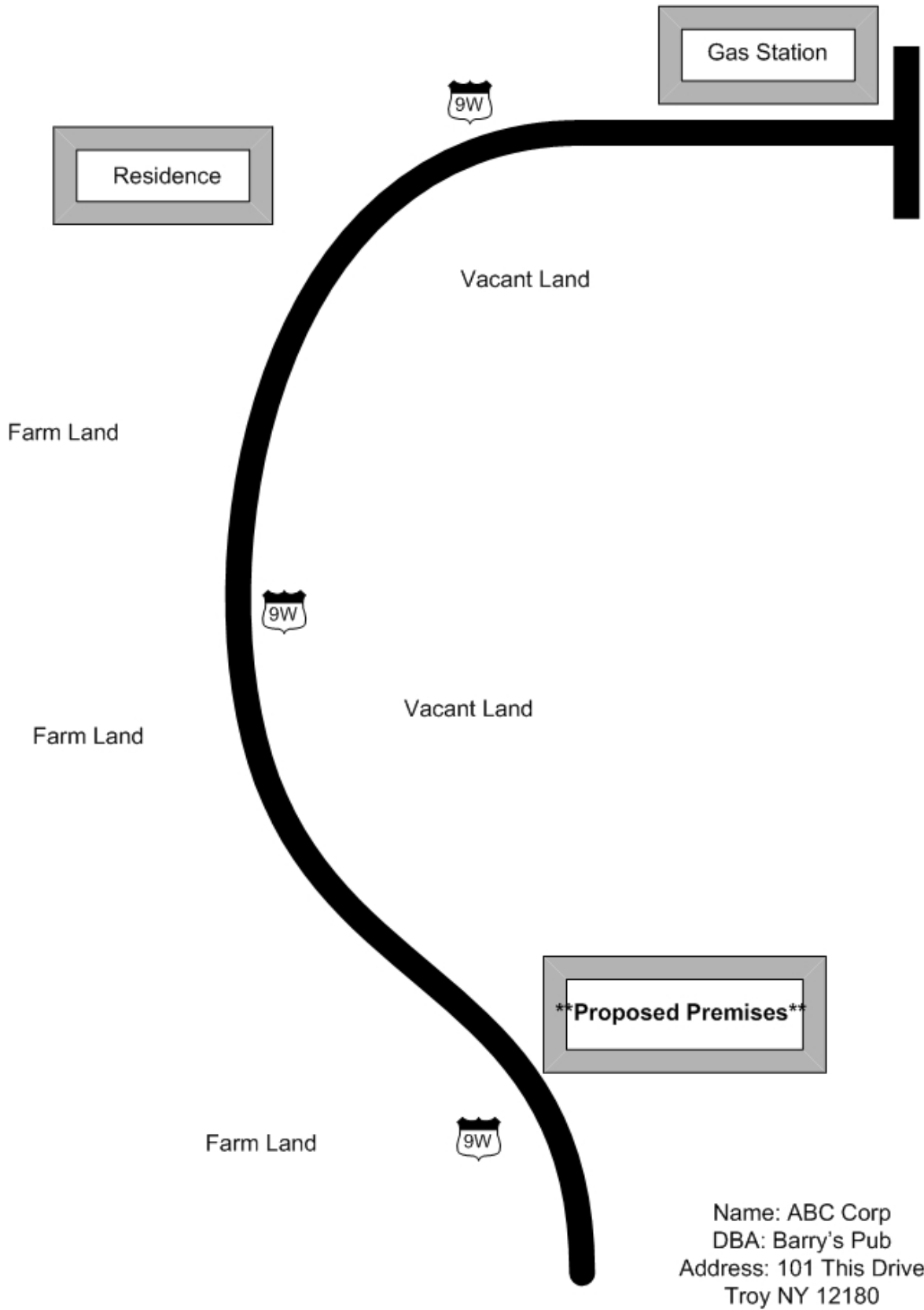
OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

EXAMPLE OF A BLOCK PLOT DIAGRAM (City/Town)



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

**EXAMPLE OF A BLOCK PLOT DIAGRAM
(Rural Area)**



Name: ABC Corp
DBA: Barry's Pub
Address: 101 This Drive
Troy NY 12180