



State Liquor Authority

ANDREW M. CUOMO
Governor

VINCENT G. BRADLEY
Chairman

LILY M. FAN
Commissioner

GREELEY FORD
Commissioner

POLICE REFERRAL FORM

IN ORDER FOR THE STATE LIQUOR AUTHORITY TO PROPERLY EVALUATE AND DETERMINE THE APPROPRIATE COURSE OF ACTION ON THIS REFERRAL IT IS NECESSARY THAT THE REPORTING OFFICER/AGENCY SUBMIT COPIES OF ALL ARREST REPORT/S; INCIDENT REPORTS; SUPPLEMENTAL REPORTS; WRITTEN STATEMENTS AND AFFIDAVITS; VERBAL ADMISSION FORMS; DRUG BUY SHEETS; LAB/FIELD TEST REPORTS; NAMES ADDRESSES AND PHONE NUMBERS OF WITNESSES; AND ANY OTHER PERTINENT DOCUMENT/S OR INFORMATION WITH THE REFERRAL

TO: SLAreferralszone2@sla.ny.gov

Date: _____

Information from License Certificate			
License Serial# (Upper left corner)			
Name of Licensee		DBA (Trade Name)	
Address of Premises			Certificate # (Lower Right corner)
Date and Time of Violation	Name of Person in Charge and Title (Licensee, Manager, Bartender, Etc)		

Status of Investigation: <input type="checkbox"/> Open <input type="checkbox"/> Closed		Supporting Documents Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, explain why and date of approximate availability.	
Department:		Officers directly involved:	
Address:			
City, Town or Village		Phone #	Fax #