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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

# LICENSE

## APPLICATION FOR A COMBINED CRAFT MANUFACTURING LICENSE FOR EXISTING LICENSED CRAFT 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

Licensed Entity :   
(As appears in SLA record)

Trade Name(DBA):

Premises Street Address:

City:  , NY Zip Code:

County:  Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City:  State:  Zip Code:

E-mail address (required):

Business Website:

### 2. CONTACT (if different than licensed entity)

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. List Craft Manufacturer serial numbers currently licensed to be combined

License serial #'s:  License serial #'s:  License serial #'s:

**Please mail this application to :**  
**New York State Liquor Authority**  
**Licensing Bureau, Craft Manufacturing**  
**80 S Swan St. Suite 900**  
**Albany, NY 12110**

Upon receipt of this application  
the Authority will synchronize the license  
expiration dates and if necessary contact  
you regarding the fees due.

[OFFICE USE ONLY]			
CM(110) Serial #:	<input style="width: 140px; height: 25px;" type="text"/>	DATE FILED:	<input style="width: 110px; height: 25px;" type="text"/>
Approved <input type="radio"/>	Disapproved <input type="radio"/>	<input style="width: 240px; height: 25px;" type="text"/>	
	License Board Member	Date	

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## APPLICANT'S STATEMENT

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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

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**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.