

ALCOHOL FREE TEEN EVENTS

On-premises licensees planning alcohol free teen events are required by law to notify the State Liquor Authority (SLA) in writing 10 days prior to holding such activity at their establishment. The Authority has promulgated a notification form which can be downloaded from this site for submission to the appropriate SLA Zone Office by either fax or mail. It is not necessary that you use this form, but your written notification must contain all the required information. The following are the addresses and fax numbers for the SLA Office in your zone. To locate your county area, go to Licensing Information and click on "Where Do I File?"

ZONE I – NEW YORK CITY

New York State Liquor Authority
163 W 125th Street
New York, New York 10027
Attn: Enforcement Bureau
Fax: (212) 961-8381

ZONE II – ALBANY/SYRACUSE DISTRICT

New York State Liquor Authority
80 S. Swan St., Suite 900
Albany, New York 12210
Attn: Enforcement Bureau
Fax: (518) 473-7527

ZONE III- BUFFALO

New York State Liquor Authority
535 Washington St., Suite 303
Buffalo, New York 14203
Attn: Enforcement Bureau
Fax: (716) 847-5020

Remember: During the teen event(s), no alcoholic beverages shall be sold, served, given away or consumed by any persons at the establishment. If you decide to cancel the teen event after the written notification was submitted, you must contact both the police and the SLA as soon as possible prior to that date.

TEEN NIGHT NOTIFICATION

Notice must be filed in writing at least 10 days prior to event(s)

As required by Section 260.21.1.(d), I hereby notify the New York State Liquor Authority of the closing of my establishment to the public for a specified period of time to conduct an activity or entertainment, during which a child (less than 16 years of age) is in or remains in my establishment and no alcoholic beverages are sold, delivered, given away or consumed at my establishment during such period.

Premises License Number _____ County _____

Premises Name: _____
Dba: _____
Address: _____
Contact Person: _____
Telephone Number: _____

	Type of Event	Date	Start Time / Ending Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

On _____ (date), I submitted a completed copy of this notice to the _____ (name of police department) in my locality.

I will contact the above police department and the New York State Liquor Authority in advance of any changes (10 days prior) or cancellations to the above scheduled events.

Print Name _____

Signed: _____ Title: _____