

ALL CLUB LICENSEES

The following information is required in support of your application for an ABC Officer:

- Proof of Citizenship for proposed ABC Officer - acceptable identification for citizens of the U.S. includes birth certificate or passport.
- A recent original color photo of the proposed ABC Officer no smaller than 2" x 2" with the person's name printed legibly on the back.
- \$128 ABC Officer Appointment fee – made payable to the New York State Liquor Authority
- Completed Personal Questionnaire of the proposed ABC Officer, signed and dated.
- Photo Identification - acceptable identification includes a drivers' license, non-driver's identification issued by a government agency, passport, or military identification card.
- Completed Certification of Appointment of Alcoholic Beverage Control Officer signed by both the proposed ABC Officer and a current Officer of the Club that is *not* the proposed ABC Officer.
- Applicant's Statement completed by the Proposed ABC Officer.
- ELECTRONIC FINGERPRINTING *

Instructions for fingerprinting will be provided on the application Filing Receipt and are also available on our website: www.sla.ny.gov

Note: Persons currently licensed by the State Liquor Authority will not have to be re-fingerprinted.

Please mail application to:

**New York State Liquor Authority
PO Box 782772
Philadelphia, PA 19178-2772**

CERTIFICATION OF APPOINTMENT OF ALCOHOLIC BEVERAGE CONTROL OFFICER

The undersigned, being a duly elected officer of _____,
(Name of Licensee)

the holder of club license Serial Number _____
(License Number)

with a premises address of _____, hereby certifies that
(Address of premises)

_____, a member in good standing,
(Name of Proposed ABC Officer)

residing at _____
(Home Address of Proposed ABC Officer)

has been appointed to serve as the Alcoholic Beverage Control Officer for the club. This appointment shall remain in full force and effect until the State Liquor Authority shall be notified and shall have approved the appointment of a replacement Alcoholic Beverage Control Officer.

Signature of Club Officer (not the proposed ABC Officer) President
Date Signed _____
Title

I hear accept the appointment as Alcoholic Beverage Control Officer.

Date Signed: Signature of Proposed ABC Officer

Full Name of Licensee as listed on the License

Complete Address of Licensed Premises

FEIN# Business Telephone Number

Business Email Address (required)

Business Website

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.
(Lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

NAME OF APPLICANT

1. STATEMENT OF IDENTIFICATION

Print **YOUR** name: Date of birth Social Security Number

Residence street address County

City State Zip Code Residence Telephone Cellular Phone

E-mail Address (Required): U.S. Citizen Yes No If NOT U.S. citizen - country of citizenship

If ALIEN, registration number or VISA type List any other names that you may have been known by (including maiden name)

HEIGHT <input style="width: 100px; height: 20px;" type="text"/> WEIGHT <input style="width: 100px; height: 20px;" type="text"/> SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	HAIR COLOR <input style="width: 100px; height: 20px;" type="text"/> EYE COLOR <input style="width: 100px; height: 20px;" type="text"/>	MARITAL STATUS <input style="width: 150px; height: 20px;" type="text"/> SPOUSE NAME <input style="width: 150px; height: 20px;" type="text"/> SPOUSE'S SOCIAL SECURITY #: <input style="width: 100px; height: 20px;" type="text"/>
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2. Position (or interest) you will hold (check each):

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="radio"/> President | <input type="radio"/> Director | <input type="radio"/> Stockholder |
| <input type="radio"/> Vice President | <input type="radio"/> Manager | <input type="radio"/> LLC Member |
| <input type="radio"/> Secretary | <input type="radio"/> Partner | <input type="radio"/> LLC Manager |
| <input type="radio"/> Treasurer | <input type="radio"/> General Partner | <input type="radio"/> Lender* |
| <input type="radio"/> Chairman | <input type="radio"/> Limited Partner | <input type="radio"/> Donor* |
| <input type="radio"/> Officer | <input type="radio"/> Sole Proprietor | <input type="radio"/> Guarantor* |
| <input type="radio"/> ABCOfficer | <input type="radio"/> Joint Account Holder | |
| <input type="radio"/> Other | | |

*If Lender, Donor or Guarantor state your relationship to the applicant.

Print **YOUR** Name
3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the Present Date.

Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to the present date.

Also, list any employment history that shows experience in the alcohol industry.

Add additional sheets if necessary.

From (month/year)	To (month/year)	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Employer Address	
<input type="text"/>	<input type="text"/>	
Type of business	<input type="text"/>	
From (month/year)	To (month/year)	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Employer Address	
<input type="text"/>	<input type="text"/>	
Type of business	<input type="text"/>	
From (month/year)	To (month/year)	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Employer Address	
<input type="text"/>	<input type="text"/>	
Type of business	<input type="text"/>	

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Print **YOUR** Name
5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) applicant's spouse, will you continue your present occupation or business? Yes No

5(b) Will you take an active part in the operation of the business to be licensed? Yes No

If YES, explain nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes No

If YES, provide information below:

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

continued on next page

Print **YOUR** Name

- 5(d) Other than as itemized in 5c above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes No

If YES, provide information below:

Name of applicant	Address of premises	Date of filing
<input type="text"/>	<input type="text"/>	<input type="text"/>

Serial Number	Disposition
<input type="text"/>	<input type="text"/>

Name of applicant	Address of premises	Date of filing
<input type="text"/>	<input type="text"/>	<input type="text"/>

Serial Number	Disposition
<input type="text"/>	<input type="text"/>

Name of applicant	Address of premises	Date of filing
<input type="text"/>	<input type="text"/>	<input type="text"/>

Serial Number	Disposition
<input type="text"/>	<input type="text"/>

Name of applicant	Address of premises	Date of filing
<input type="text"/>	<input type="text"/>	<input type="text"/>

Serial Number	Disposition
<input type="text"/>	<input type="text"/>

- 5(e) Has a license or permit listed above been REVOKED, CANCELED or otherwise **Involuntarily Terminated**? Yes No

If YES, state action and date of action, and give details:

- 5(f) Are you a police commissioner or law enforcement/police officer? Yes No

If YES, provide details

Print YOUR Name

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages?

YOU
 Yes
 No

SPOUSE
<input type="radio"/> Yes <input type="radio"/> No

If YES, supply details

(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while impaired (DWAI)?

YOU
 Yes
 No

SPOUSE
<input type="radio"/> Yes <input type="radio"/> No

If the applicant answers YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

If the Spouse answers YES to this question, submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.

(c) If you have previously been approved for a license and had been convicted of any felony misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

YOU	SPOUSE
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable

If NO, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU	SPOUSE
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

7. Do you have any relationship with the current/previous licensee or any of the principals of the licensee? Yes No

If YES, please state exactly what the relationship is (ie: family member, friend, employer, etc.)

8. Signature: _____

Dated

APPLICANT'S STATEMENT

I, [print name] _____

the Alcoholic Beverage Control Officer, 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