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: SLAreferralszone1@sla.ny.gov

Date: ________________________

Information from License Certificate

<table>
<thead>
<tr>
<th>License Serial# (Upper left corner)</th>
<th>DBA (Trade Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Licensee</td>
<td>Certificate # (Lower Right corner)</td>
</tr>
<tr>
<td>Address of Premises</td>
<td>Name of Person in Charge and Title (Licensee, Manager, Bartender, Etc)</td>
</tr>
<tr>
<td>Date and Time of Violation</td>
<td>Date and Time of Violation</td>
</tr>
</tbody>
</table>

Status of Investigation: [ ] Open [ ] Closed [ ]

Supporting Documents Attached? [ ] Yes [ ] No

If no, explain why and date of approximate availability.

Department: ________________________

Officers directly involved: ________________________

Address: ________________________

City, Town or Village: ________________________

Phone #: ________________________

Fax #: ________________________

(SLA FORM #1041 12/18)