

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

## Master File Application Request for Master File Status (Retail Grocery and Retail Drug Stores Only)

This is to facilitate the handling and licensing transactions of multi-grocery and multi-drug store licenses. Master File Status will enable applicants to use S.L.A. Form 180-053 to file for new license locations under one Master File Status.

**REQUIREMENTS:**

Applicants must be the licensee of at least 5 establishments within New York State, that have been licensed for at least three (3) years. Every active license of the applicant within New York State must be listed in the Request for Master File Status.

**CONDITIONS:**

- 1) All licenses listed in the Master File will have concurrent expiration dates.
- 2) The applicant will be assigned a Master File control Serial Number by the New York State Liquor Authority and will use this number to report changes to its business organization that affected the license.
- 3) The business organized granted Master File Status will make a certification concerning the inventory and bona fide operation of each of its separate licenses.
- 4) A separate license certificate will be issued for each location granted under the Master File Status.
- 5) The business organization granted Master File Status will designate the name and position of its employee and its business office address to which all license and disciplinary correspondence may be addressed.
- 6) Master File Status is granted at the discretion of the New York State Liquor Authority and may be withdrawn at any time.

**1. APPLICANT**

Name of Licensee:

Licensee Business Address:

City:

State:

Zip Code:

Telephone Number (include area code):

FEIN Number:

E-mail address (required):

**2. CONTACT**

Name of Contact:

Attorney

Representative

Contact Person

Office Address:

City:

State:

Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

<b>OFFICE USE ONLY:</b>	
Assigned Master File Serial Number: _____	Assigned Concurrent Expiration Date: _____



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I/We, the applicant(s), certify that:

**1) Grocery Store Applicants ONLY:**

Each of the licensed locations listed, and further locations applied for under the Master File, will be operated as a bona fide grocery store. That such establishment will devote not less than 50% of its public floor space exclusively to the display of the following consumer commodities, however packaged or contained: *(a) food, which means all items used or intended for consumption by human beings or household pets. Food does not include alcoholic beverages or carbonated beverages. At least ten different items must be eligible for purchase using Supplemental Nutrition Assistance Program ("SNAP") benefits; (b) household items, which means napkins, facial tissues, toilet tissues, foil wrapping, plastic wrapping, paper towels and disposable plates and utensils; and (c) personal health/hygiene items, which means non-prescription drugs, hygiene products and toiletries.* **SUBMIT A SIGNED GROCERY STORE LICENSE STIPULATION.**

**2) Drug Store Applicants ONLY:**

That each of the licensed locations listed, and further locations applied for under the Master File, will be operated as a bona fide drug store registered with the Board of Pharmacy Registration, State of New York. **SUBMIT A COPY OF THE PHARMACY LICENSE.**

Signature of the Individual, each Partner or General Partner, and Corporate Officer Authorized by the Board of Directors of the Organization to sign:

<b>Name</b>	<b>Title</b>	<b>Date</b>
<b>Signature:</b> _____		

<b>Name</b>	<b>Title</b>	<b>Date</b>
<b>Signature:</b> _____		

<b>Name</b>	<b>Title</b>	<b>Date</b>
<b>Signature:</b> _____		

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