



Petition for Removal

Grocery Store Beer / Drug Store Beer & Grocery Store Beer-Wine Product / Drug Store Beer-Wine Product

This petition is to be used by a licensee for permission to remove the licensed premises to a new location.

This petition can only be used by a licensee that is currently licensed. If a license is set to expire while this application is being processed, the license for the present location must be renewed even if the license is in Safekeeping.

The Petition must be completed and accompanied by the appropriate documentation as listed in the Instructions portion below as well as a check or money order for the required fee, payable to the New York State Liquor Authority.

The fees are as follows: \$192 when the annual license fee is \$500 or more; \$32 in all other instances.

(Grocery and/or Drug Stores are required to pay the \$32 fee.)

(The law does not provide for any refund of removal fees prescribed under Section 99-d.)

INSTRUCTIONS:

All Removal applications must be accompanied by the following documentation:

- 1) Lease, Deed or Contract of Sale of the property.
- 2) Any contracts for the purchase of the real property.
- 3) Exterior and Interior Diagrams of the proposed premises (must be submitted on 8 ½" x 11" paper). Clearly label all rooms and use of doors. *If serving/selling Liquor a block plot diagram is also required.*
- 4) Exterior and Interior photographs of the proposed premises.
- 5) Amended Certificate of Authority reflecting the proposed address.
- 6) Bond Rider reflecting the proposed address.
- 7) Financial documentation showing the availability of the funds listed on the List of Expenses.
- 8) The following sections of the applicable application as attached:
 - a. Right to Premise
 - b. Landlord Identification
 - c. Financial Disclosure
 - d. Establishment/Premise Questionnaire
 - e. Method of Operation
 - f. Applicant's Statement
 - g. Notice of Appearance, if applicable
 - h. Grocery Store Stipulation

Mail completed application to:

New York State Liquor Authority

PO Box 782772

Philadelphia, PA 19178-2772



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APPLICATION

Full name of licensee: Current serial number:

PRESENT premises address: City:

County: Zip code: Telephone number:

License Type: Class: Current expiration date:

PROPOSED premises address: City:

County: Zip code: Telephone number:

Mailing address, if different:

City: State: Zip code:

[OFFICE USE ONLY]	
DATE FILED: <input type="text"/>	SERIAL #: <input type="text"/>
Approved <input type="radio"/> Disapproved <input type="radio"/>	<input type="text"/>
	License Board Member Date

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

RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
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LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord *(as it appears on lease and deed)*:

2. Landlord Mailing Address

Street Address:

City:

State:

Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

Yes No

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any persons listed on this form police officers?

Yes No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:



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FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.

1. EXPENSES (Actual or Estimated)

1a. Real Property (if purchased within the past year by the applicant or any of its principals):	
1b. Purchase/Contract Price of Business (submit copy of contract):	
1c. Renovations/Improvement Costs (e.g., furnishings, fixtures, etc.):	
1d. Miscellaneous (any other expense related to this venture):	
TOTAL EXPENSES <small>Total of lines 1a through 1d</small>	0

2. CASH*

*Cash includes funds on hand that do not need to be repaid. For example, checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for **EACH** source of cash.

2a. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
2b. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
2c. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
TOTAL CASH <small>Total of All Cash Expended</small>		0

3. BORROWED*

*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for **EACH** source of borrowed monies.

3a. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
3b. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
3c. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
TOTAL BORROWED <small>Total of All Borrowed Funds</small>		0
4. Have all investors been disclosed in this application? <input type="radio"/> Yes <input type="radio"/> No		TOTAL INVESTMENT <small>Total Cash plus Total Borrowed</small>
		0

The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one (21), police officers and anyone with an interest in a wholesale or manufacturing license.

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

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section.
See sample diagrams at the end of this application.**

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify:

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed
 Previously Licensed
 Never Licensed
 Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes
 No
 Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee:

License Serial Number:

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3. Premises (interior):

3a. List the total number of floors in the building as a whole, including the basement:

3b. List the number of floors of the premises to be licensed, including the basement:

3c. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3d. Where is the alcohol stored?

3e. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3f. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

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PROPOSED METHOD OF OPERATION

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, provide details on a separate sheet)

2. Will the business employ a manager? Yes No

2a. If NO, will principal(s) manage? Yes No

3. How many employees? (excluding principals)

3a. If answer is "0" please provide explanation.

4. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

ALCOHOLIC BEVERAGES MAY ONLY BE SOLD DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

APPLICANT STATEMENT

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 (e.g., 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:

E-mail:

2. Client represented:

Address:

Telephone:

3. Subject of appearance: Regulatory / Enforcement Lobbying

4. Acting in the capacity of: Attorney Lobbyist Agent Other (describe below)

Description:

5. Are you being compensated: Yes No
If YES, Check FEE or SALARY: FEE SALARY

6. Signature of individual appearing: _____

7. Agency official (printed 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.

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GROCERY STORE/DRUG STORE LICENSE STIPULATION

WHEREAS, the Applicant has applied to the New York State Liquor Authority for a
**License to Sell Beer at Retail in Sealed Containers
for Consumption Off the Premises**
or a
**License to Sell Beer and Wine Products at Retail in Sealed Containers
for Consumption Off the Premises,**
and

WHEREAS, as is required by ABC Law § 54 (4) or ABC Law § 54-a (2),
the Applicant represents that the Applicant shall operate a grocery store,

NOW THEREFORE, IT IS HEARBY STIPULATED BY THE APPLICANT -

in consideration for the New York State Liquor Authority's issuance to the Applicant of a License to Sell Beer at Retail in Sealed Containers for Consumption Off the Premises, or a License to Sell Beer and Wine Products at Retail in Sealed Containers for Consumption Off the Premises, and as a continuing condition of licensure, the violations of which condition constitutes cause for license revocation and/or other disciplinary penalties within the reasonably exercised discretion of the Authority - that the Applicant will operate a bona fide retail Grocery Store, and that such establishment will devote not less than 50% of its public floor space exclusively to the display for 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. At least ten different food 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.
- c) Personal health/hygiene items, which means non-prescription drugs, hygiene products and toiletries.

*** For the purposes of this stipulations, "food" does not include alcoholic beverages and carbonated beverages.**

Name of Applicant Corporation or other Applicant Legal Entity
(if applicable)

Signature

Title of Status of Person Signing
(if applicable)

Printed Name of Person signing

Date