

Petition for Removal

On Premises Beer and/or Wine Establishment

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.

(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) Certificate of Occupancy for the new premises.
- 9) 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. Proof of Notification to the Local Municipality or Community Board, which consists of the Standardized Notice Form, as well as the original return receipt. *This notice form must be mailed to the local municipality or community board by certified mail-return receipt requested at least 30 days before submitting an application to the NYS Liquor Authority.*
 - i. Notice of Publication

Mail completed application to:

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

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

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:

SERIAL #:

Approved Disapproved

License Board Member

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

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:

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

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.

| | |
|--------------------------------|------------------------------------------|
| OFFICE USE ONLY | |
| <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.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

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:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

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:

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

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

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

3c. Where is the alcohol stored?

3d. 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

3e. 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:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

(If the location of your bar is not listed as a choice in the drop-down menu, please type in your answer.)

Attach additional sheets if there are more than 3 bars.

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

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|--------------------------------------------|----------------------------------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Other (describe): | <input style="width: 650px; height: 20px;" type="text"/> | | | |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|--------------------------------------------|----------------------------------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
| <input type="checkbox"/> Other (describe): | <input style="width: 650px; height: 20px;" type="text"/> | | | |

7f. Is a permit required by the locality for outside area(s)? Yes No
If yes, submit a copy of the permit.

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

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

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, please provide details on a separate sheet)

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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

7. 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

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

- 9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY 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>



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

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

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

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

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent: 1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
 New Application Renewal Alteration Corporate Change Removal Class Change Method of Operation Change

For **New** applicants, answer each question below using all information known to date
 For **Renewal** applicants, answer all questions
 For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
 For **Corporate Change** applicants, attach a list of the current and proposed corporate principals
 For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
 For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type
 For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , **NY** Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extent of Food Service:
 Full food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

14. Method of Operation: (check all that apply)

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Seasonal Establishment | <input type="checkbox"/> Juke Box | <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input style="width: 300px; height: 20px;" type="text"/> | | | | |
| <input type="checkbox"/> Patron Dancing | <input type="checkbox"/> Employee Dancing | <input type="checkbox"/> Exotic Dancing | <input type="checkbox"/> Topless Entertainment | |
| <input type="checkbox"/> Video/Arcade Games | <input type="checkbox"/> Third Party Promoters | <input type="checkbox"/> Security Personnel | | |
| <input type="checkbox"/> Other (specify): <input style="width: 550px; height: 20px;" type="text"/> | | | | |

15. Licensed Outdoor Area: (check all that apply)

| | | | | |
|----------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Patio or Deck | <input type="checkbox"/> Rooftop | <input type="checkbox"/> Garden/Grounds | <input type="checkbox"/> Freestanding Covered Structure |
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Other (specify): <input style="width: 450px; height: 20px;" type="text"/> | | | |

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

NOTICE OF PUBLICATION

All applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper once a week for two successive weeks** as hereinafter provided per Section 107 of the ABC Law.

- If the proposed premises are located in any county **other** than New York, Kings, Queens or Bronx, the NOTICE shall be published in a daily **OR** weekly newspaper in the **city, town or village** where the premises are located. If there is no daily or weekly newspaper published in the city, town or village in which the proposed premises is located, then such notice shall be published in a daily or weekly newspaper published in the county in which the proposed premises is located.
- If the proposed premises are located in the counties of New York, Kings, Queens or Bronx, the NOTICE shall be published in one daily **AND** one weekly newspaper published in the county where the premises are located.

The NOTICE shall be printed in *English* in the following form:

Notice is hereby given that a license, number *(fill in serial number, if not known write "Pending" in this space)* for *(fill in beer, cider, liquor and/or wine, as the case may be)* has been applied for by **the undersigned*** to sell *(fill in beer, cider, liquor and/or wine, as the case may be)* at retail in a *(hotel, club, restaurant, vessel, rail car or other type of establishment, as the case may be)* under the Alcoholic Beverage Control Law at *(fill in street address, city, town or village and county in which the premises are located)* for on premises consumption.

(*Applicant's name and Trade Name of business (DBA) must appear at the bottom of the advertisement)

The first publication shall be made within 10 days of filing the application. Applicant shall obtain two original copies of proof of publication. One copy must be submitted to the Authority within **15 days** of receipt. The second copy shall be retained by the applicant. **Except for good cause shown, the Authority shall not issue the license unless proof of publication is submitted within such 15 day period.**

The form of proof of publication shall be as follows. This affidavit should be completed by a representative of the publishing newspaper:

STATE OF NEW YORK

COUNTY OF _____

_____ of _____ being duly sworn, says that (s)he is _____ of the publishers of the _____, a (daily) or (weekly) newspaper (printed and) published in the (city, town, village or county) _____, and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week for two successive weeks commencing on the _____ day of _____.

_____ , and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week for two successive weeks commencing on the _____ day of _____.

Sworn to before me this _____ day of _____
