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## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL SATELLITE CIDER PRODUCER STORE LICENSE (CB 619)

### FILING CHECKLIST

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate to the best of your ability. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

**All Applicants MUST submit the following Sections of the License Application upon filing of the application:**

- |                             |   |
|-----------------------------|---|
| Application (Pages 2-3)     | Applicant's Statement   |
| Right to Premises           | Notice of Appearance (if represented by someone other than the applicant) |
| Landlord Identification     |   |
| Financial Disclosure        |   |
| Establishment Questionnaire |   |
| Method of Operation         |   |

**All Applicants MUST submit the following Supporting Documents upon filing of the application:**

- Bond, Form L-9, in the amount of \$1,0000 (signed by the applicant and expiring at the end of the initial licensing term)
- Detailed Diagrams which include Interior and Block Plot (aerial view of the building showing nearby businesses/residences)
- Investment Records showing the source and availability of the funds to be used for the venture
- Lease/Deed/Contracts (any applicable for this venture) You must provide proof that you have full control over the premises.
- Photos of the proposed premises (exterior and interior)

**All Applicants MUST submit the following Supporting Documents before a license can be issued:**

- |  |  |
|--|--|
| Certificate of Assumed Name (if DBA is used)             | Worker's Compensation & Disability Insurance Policy                                  |
| Certificate of Authority to Collect Sales Tax            | numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage |
| Department of State Filing Receipt                       |  |
| Photos of the premises showing ready to open and operate |  |

<b><u>FEE CHART</u></b>		
<b><u>License Fee</u></b> <i>Based on the population of the city/town where the proposed premises is located</i>		<b><u>Filing Fee</u></b> <i>Non-refundable</i>
100,000 or less	\$160	\$200
100,001 to less than 1 Million	\$325	\$200
	\$640	\$200
1 Million or More	\$640	\$200

\*\*Expiration date will be concurrent with the main Cider Producer license

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## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL SATELITTE CIDER PRODUCER STORE (CB 619)

*It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.*

### 1. APPLICANT

Name of Applicant:

Trade Name(DBA): *(see instructions)*  
**\*\* must be provided if premises will be called by any name other than as listed in the "Name of Applicant"**

Premises Street Address:

City:  State:  Zip Code:

County:  Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City:  State:  Zip Code:

E-mail address (Required):

### 2. CIDER PRODUCER LICENSE INFORMATION

Serial #:  Cider Producer Street Address:

City: , NY Zip Code:  County:

Mailing Address of Premises (if different):

City: , NY Zip Code:  County:

License Number:  Telephone Number:

### 3. CONTACT *(if different than applicant)*

Name of Contact:  Attorney  Representative  Contact Person

Office Address:

City:  State:  Zip Code:

Telephone Number of Office (include area code):

E-mail address (Required):

4. TOTAL PAYMENT DUE:

5. Federal Tax ID #:

*continued on next page*

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**6. LIST THE LICENSEE'S OTHER SATELLITE STORE LOCATIONS (if any)**

Serial Number:	<input type="text"/>	Address:	<input type="text"/>
Serial Number:	<input type="text"/>	Address:	<input type="text"/>
Serial Number:	<input type="text"/>	Address:	<input type="text"/>
Serial Number:	<input type="text"/>	Address:	<input type="text"/>

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## RIGHT TOPREMISES

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### 1. RIGHT TOPREMISES

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.

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, list the section/page of the lease this information can be found

### 2. OTHER INTERESTEDPARTIES

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, state the names and address 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.

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 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 (ie: furnishings, fixtures, etc.):	
1d. Miscellaneous (any other expense related to this venture):	
<b>TOTAL EXPENSES</b> Total of lines 1a through 1d.	

### 2. CASH\*

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

2a. Source of Funds	Personal Questionnaire attached	Dollar Amount
<b>TOTAL CASH</b> Total of All Cash Expended		

### 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	Dollar Amount
<b>TOTAL BORROWED</b> Total of All Borrowed Funds		

### 4. Have all investors been disclosed in this application?

YES    NO

<b>TOTAL INVESTMENT</b> Total Cash plus Total Borrowed	
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*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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### 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:

(ie. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

YES                  NO

#### 2. Premises

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

2b. Has the building/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?

YES                  NO                  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 location has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

YES

NO

License Serial Number:

b. Name of Licensee:

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**3. Premises (Interior):**

3a. List the number of floors of the establishment including the basement:

3b. List the floor numbers where the proposed premises will be located, if it is located within a multi-story building. Ex: 2nd & 3rd Floor

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?  
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, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc.

YES  
NO

If YES, describe:



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**PROPOSED METHOD OF OPERATION**

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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

2b. If NO, will principal(s) manage?    YES                      NO

3. How many employees?

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

3b. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).

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 CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY**

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## APPLICANT'S STATEMENT

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I, [print name] \_\_\_\_\_

( the  sole proprietor,  partner,  corporate principal or  LLC/LLP member )  
of the applicant for an Alcoholic Beverage Control License 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 (i.e., 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:**

**Email:**

**2. Client represented:**

**Address:**

**Telephone:**

**3. Subject of appearance:**     **Regulatory/Enforcement**     **Lobbying**

**4. Acting in capacity of:**

**Attorney**     **Lobbyist**     **Agent**

**Other (describe)** \_\_\_\_\_

**5. Are you being compensated?**     **Yes**     **No**

If YES, Check FEE or SALARY     **FEE**     **SALARY**

**6. Signature of individual appearing:** \_\_\_\_\_

**7. Agency official (print 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.