



Permit

NEW YORK STATE LIQUOR AUTHORITY

INSTRUCTIONS & APPLICATION for

ALCOHOLIC BEVERAGE CONTROL TEMPORARY SOLICITOR PERMIT

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DIRECTIONS FOR COMPLETING THE PERMIT APPLICATIONS

- Must be **TYPED**
- Complete applicable forms **FULLY**.
- Follow instructions carefully.
- Retain a completed copy of the application for your records.

Completed applications and any supporting information should be mailed to:

**NEW YORK STATE LIQUOR AUTHORITY
PO BOX 782772
PHILADELPHIA, PA 19178-2772**

Description of Temporary Solicitor Permit and Instructions

TEMPORARY SOLICITOR - Authorizes a manufacturer or wholesaler licensee to temporarily employ one or more persons as a temporary solicitor for a period not exceeding 6 months provided that within 60 days after such employee has been employed as a solicitor such employee shall file his application for a solicitor's permit with the Liquor Authority. **(Section 93(4) ABC Law)**

TEMPORARY SOLICITOR (SE) – EXPIRES 12/31/24 The 3 year temporary solicitor permit fee is \$134

Temporary Solicitor Permit Pro-Rated Fee Schedule

- Applications submitted 01/01/22-12/31/22 the fee submitted should be \$ \$134**
- Applications submitted 01/01/23–12/31/23 the fee submitted should be \$96**
- Applications submitted 01/01/24–10/31/24 the fee submitted should be \$58**
- Applications submitted after 10/31/24 will require a fee of \$134 and will be processed effective 01/01/25 and will expire 12/31/27**

TEMPORARY SOLICITOR PERMIT APPLICATION

License Number:

Name of Applicant :
(As it appears on wholesale license)

Trade Name(DBA):

Business address Street:

City: , NY Zip Code: County:

Applicant e-mail address:

Mailing Address if different:

City: , NY Zip Code: County:

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY AN AUTHORIZED REPRESENTATIVE
OF THE WHOLESALE OR MANUFACTURER.

I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said applicant corporation, group or association to make the statements and answers in this application on behalf of said corporation or company with the same force and effect as if said corporation or company made such statements and answers itself. I certify that I have read the terms and conditions for the permit applied for and agree to comply with those conditions.

Signature

Title

Print Name

Date

[OFFICE USE ONLY] APPROVED DISAPPROVED