



Serial Number:	
Applicant Name:	DBA:
Address:	County:
Mailing Address, if different:	Telephone #:
Current License Class/Code:	Proposed License Class/Code:

Required Documentation/Information:

- 1) License Fee and Filing Fee of the license sought (Refer to the Fee Chart) – this is the amount to be paid:
 License Fee: _____ + Filing Fee: _____ = Total Due: _____
- 2) The following sections of the appropriate Retail Application and additional documents to be filed along with this form:
 - a) Application for Alcoholic Beverage Control Retail License
 - b) Establishment Questionnaire
 - c) Method of Operation
 - d) Grocery Store/Drug Store Stipulation
 - e) Applicant’s Statement
- 3) Submission of a new original bond, Form L-9, in the appropriate amount, with the full name, street address, city, county, state and zip code of the premises listed on the bond. The expiration date must cover the license period.
- 4) Notice of Appearance (for applicants being assisted by an Attorney/Representative or Third Party)
- 5) List of Forms Currently on File

Mail the completed application to: New York State Liquor Authority, PO Box 782772, Philadelphia, PA 19178-2772

OFFICE USE ONLY BELOW:

Date Filed: _____ New Serial Number: _____

Approved or Disapproved _____ Licensing Board: _____ Date: _____

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

LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE
GROCERY STORE BEER / DRUG STORE BEER
&
GROCERY STORE BEER-WINE PRODUCT / DRUG STORE BEER-WINE PRODUCT

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:
(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

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: _____, **NY** Zip Code:

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

Mailing Address (if different than above):

City: _____ State: _____ Zip Code: _____

E-mail address (required):

Business Website:

2. 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):

3. Federal Tax ID #:

4. Certificate of Authority to Collect NYS Sales Tax:

[OFFICE USE ONLY]			
DATE FILED:	<input style="width: 150px; height: 25px;" type="text"/>	SERIAL #:	<input style="width: 300px; height: 25px;" type="text"/>
Approved	<input type="radio"/>	Disapproved	<input type="radio"/>
	<input style="width: 300px; height: 25px;" type="text"/>		<input style="width: 100px; height: 25px;" type="text"/>
	License Board Member		Date

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

5. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth

6. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Note:

***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, and LLC managers. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest.. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

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

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

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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.