

NEW YORK STATE LIQUOR AUTHORITY ALCOHOLIC BEVERAGE CONTROL

ONE DAY TRUCKING PERMIT APPLICATION AND INSTRUCTIONS

**This application must be accompanied by the appropriate fee in the form of check or money order ONLY, made payable to the New York State Liquor Authority.
Cash will NOT be accepted.**

DIRECTIONS FOR COMPLETING THE PERMIT APPLICATION

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

**Completed applications and supporting documentation should be
mailed to:**

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

Note: When mailing to a PO Box, send by US Mail only, other forms of delivery will not be accepted.

Description of a One Day Trucking Permit

One Day Trucking Permit- Authorizes a one day permit for a specific vehicle to transport alcoholic beverages to and/or from a location in this state. The permit certificate, identifying the vehicle and the effective date(s) and time(s) of the permit, shall be kept in the cab of the vehicle at all times that alcoholic beverages are transported in the vehicle.

A permit pursuant Advisory #2022-25 shall be valid for a period not to exceed twenty-four consecutive hours. The cost of the permit is \$15 per vehicle, per date. (If the permit is disapproved a \$5 filing fee will be deducted for the refund for each permit.)

No more than twelve (12) permits may be issued in any consecutive twelve-month period to the person or for the same vehicle.

Vehicles must be owned, leased or hired AND operated by the applicant.

To provide adequate processing time, applications must be submitted at least 15 days prior to the applied for permit date(s).



ONE DAY TRUCKING PERMIT

1. Name of Applicant:

2. Business Address of Applicant:

3. City:

4. State:

5. Zip Code:

6. FEIN:

7. Contact Phone #:

8. Contact E-mail Address:

9. Mailing Address if different:

City:

State:

Zip Code:

10. Name of Representative or Contact:

City:

State:

Zip Code:

Contact Phone #:

Contact E-mail Address:

11. Has the applicant ever been convicted of a crime:

YES

NO

Previously Reported

* If yes, please attach a Certificate of Disposition

Vehicle Details -- Up to 12 Fields

Date of Permit: Vehicle Make: Vehicle Model:

Year: VIN Number:

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Vehicle Make:

Vehicle Model:

Year:

VIN Number:

Date of Permit:

Vehicle Make:

Vehicle Model:

Year:

VIN Number:

Permit Acknowledgement

Misrepresentations in facts may result in referral of the application to our Enforcement and/or Legal Departments for appropriate action.

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; and if a corporation that I have been authorized by order of the Board of Directors of said corporation to make the statements and answers in this application on behalf of said corporation with the same force and effect as if said corporation made such statements and answers itself.

Applicant Signature

Date

Print Name & Title