



License ID:	
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 Manufacturer Fee Chart) – this is the amount to be paid:

License Fee: _____

Filing Fee: _____

Ancillary Fee: _____

Total Due: _____

- 2) The following sections of the Manufacturer Application must be filed along with this form:
- a) Application for Alcoholic Beverage Control Manufacturer License – pages 3 & 4
 - b) Premises Questionnaire
 - c) Method of Operation
 - d) Bulletin #254
 - 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
- 6) Amended TTB Permit
- 7) Certificate of Authority if the new license type has retail privileges

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: _____

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

LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL MANUFACTURER LICENSE(S)

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): _____

4. Federal Tax ID #:

5. Certificate of Authority to Collect NYS Sales Tax:

(required if license allows for retail privileges)

[OFFICE USE ONLY]			
DATE FILED:	<input type="text"/>	SERIAL #:	<input type="text"/>
Approved	<input type="radio"/>	Disapproved	<input type="radio"/>
		<input type="text"/>	<input type="text"/>
		License Board Member	Date

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

6. 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

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

Please list the names and address or 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.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/ Directors who are not compensated do not need to submit personal questionnaires or fingerprints. However the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license.

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

PREMISES QUESTIONNAIRE

1. Describe the area where the premises is to be located: Residential Business Agricultural

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

2. Premises

a. Please provide a description of the premises to be licensed.
Describe all building/structures that will be utilized in
business operations including the number of floors in each.
(e.g., 2 story free-standing barn on slab foundation, 2 acre
farm with 2 story winery including a basement, etc.)

b. Has the building/premises been known by any other address? Yes No

If YES, please specify:

c. Has the premises to be licenses and/or any other floor in the building been previously licensed or
are either currently licensed to traffic in alcoholic beverages? Yes No

d. What was the prior use of the premises to be licensed?

e. Does the proposed location of the business comply with all state and local regulations
and zoning codes? Yes No

f. Is there interior access to any other floor(s) that will not be part of the licensed premises? Yes No

If YES, please list floor(s) and means of access to each floor
(e.g., stairs, elevator, etc. - must be shown on diagram).
List use of floor(s) (e.g., apartments, offices, etc.).

g. Does any other person have access to this area? Yes No

h. Where will the alcohol be stored? (*applicants with an off site location for storage area may require a warehouse permit.*)

i. If applying for a Farm Winery License, Special Farm Winery License or Micro Winery License, the premises **must be** located on a farm. In the box below, please provide a detailed description of the agricultural production that qualifies the premises as a farm.

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

METHOD OF OPERATION

All applicants for a license to manufacture alcoholic beverages must complete this section

Tenant Manufacturers must provide an alternate proprietorship agreement with the existing licensed Host Manufacturer.

Manufacturers must provide a detailed statement explaining their planned method of operation and describe their production methods, including the quantity of product to be produced annually. Farm Manufacturers must demonstrate that they will only produce alcohol in compliance with the provisions of the Alcoholic Beverage Control Law that govern the use of New York State grown and produced ingredients.

Is a detailed Method of Operation attached to this form? Yes No

PLEASE SUPPLY A COPY OF THE FEDERAL BASIC PERMIT OR BREWER'S NOTICE, IF APPLICABLE

1. Will any other business of any kind be conducted on said premises? Yes No
(If YES, please provide details on a separate sheet)

2. Please check all activities that will be engaged in on the premises:

	Retail sales for off premises consumption	Internet Sales
	Retail sales for on premises consumption	u None of these

3. How many employees?

3a. If answer is "0" please 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:

h0 ° o- #\ Vu° #u u=- ° yu=\k@ ° ° u' °-U ° @ \k t@@\yk ° t ° -" o@ °
 ° u' † † † o0 V' 8 † † k @ † kU ° u@ V \ V \ u=-k' @#-Vo-o\k'h-kU @ou= ° uU ° ' ° - k-j y @-)



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

(Series 1953)
 Bulletin #254
 December 1, 1953

STATE OF NEW YORK
 LIQUOR AUTHORITY

TO: MANUFACTURERS/WHOLESALERS/IMPORTERS

SUBJECT: MINIMUM OFFICE REQUIREMENTS FOR OUT-OF-STATE WHOLESALERS
 AND LICENSEES OPERATING MORE THAN ONE WHOLESALE PREMISES
 WITHIN THE STATE OF NEW YORK.

Paragraph 4 of Bulletin #79, issued under date of January 30, 1942, is hereby rescinded. This paragraph dealt with the minimum office requirement for out-of-state wholesalers. These requirements are restated herein and amplified in order to include requirements for licensees operating more than one wholesaler premises within this state. New matter is underlined.

Wholesale licensees having their principal offices in another state and wholesale licensees operating more than one licensed premise within the state are required to observe the same provisions of the law governing wholesalers as licensees operating one principal office within the state. Inquiries have been received from such licensees as to the proper method of operating the licensed premises in this state, particularly with respect to the books and records which are to be kept. For the information and guidance of wholesale licensees, the liquor authority has laid down the following minimum office requirements.

1. The licensed premises must be physically separated from any other premises.
2. No other business may be conducted on the licensed premises.
3. The premises must be in charge of any employee of the licensee, and open during regular business hours.
4. The books and records must be kept on the licensed premises, which shall show:
 - a. All purchases of alcoholic beverages made within or without the state by the New York licensee, together with the names, addresses and license numbers of the persons from whom the same were purchased. A separate record must be kept of all alcoholic beverages which a branch office receives from the main office which is licensed within the state.
 - b. All sales of alcoholic beverages made within the state, together with the names, addresses and license numbers of purchasers, including invoices and delivery receipts. A separate record must be kept of all shipments of alcoholic beverages made to the main office of the licensee which is licensed within the State of New York.
 - c. The receipt of all payments for alcoholic beverages sold within the state.
 - d. The names and addresses of all employees operating within the state, together with their salaries or commissions and permit numbers. Where the licensee operates more than one premise within the state and where complete records are maintained on a licensed premise within the state and available for inspections, duplicate records of these items are not required to be kept on the premises of the branch office.
 - e. All expenditures for the maintenance or operations of the New York licensed premises or branch office. Where the licensee operates more than one premise within the state and where complete records of expenditures for the maintenance or operation of all branch offices are maintained on a licenses premise within the state and available for inspection duplicate records of these items are not required on the premises of the branch offices.

All out-of-state wholesalers who are unable to keep the original records on the licensed premises in this state, must apply to the State Liquor Authority in writing for permission to keep duplicate records in place of the originals.

I have read and will comply with Bulletin #254

 Signature of Authorized Principal

 Date

List of Forms Currently on File

New Serial Number:

Applicant:

Premises:

The applicant hereby attests that the following required documents are currently on file with the New York State Liquor Authority and hereby requests to waive the filing with the instant application the following documents: (check particular items not filed with this application)

- 1) Personal Questionnaires, fingerprint cards and proof of citizenship
- 2) Photographs of the Interior and Exterior
- 3) Area Plans
- 4) Diagrams of the Premises
- 5) Lease or Deed
- 6) Proof of Financing
- 7) Certificate of Occupancy
- 8) Certificate of Authority
- 9) Worker's Compensation and Disability Insurance

The same forms, documents and papers filed with the New York State Liquor Authority in connection with the applicant's application for a _____ license filed on (date) _____ shall be deemed to be filed and considered in support of the instant application for a _____ license for the same premises; that the information and facts contained in said forms, documents and papers are the same as of this date and that there are no changes or additional information required to be divulged by the applicants as of this date.

The applicant further agrees that any statements, representations or answers to questions in said documents, papers and forms shall be deemed and made part of the original application and considered by the New York State Liquor Authority in acting upon this application and that any false statements, representations or answers made in said documents, papers and forms shall constitute the basis for disciplinary proceedings by the New York State Liquor Authority.

Dated: _____

Applicant Signature: _____

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