

# ALL CLUB LICENSEES

The following information is required in support of your application for an ABC Officer:

- A recent original color photo of the proposed ABC Officer no smaller than 2” x 2” with the person's name printed legibly on the back.
- \$128 ABC Officer Appointment fee – made payable to the New York State Liquor Authority
- Completed Personal Questionnaire of the proposed ABC Officer, signed and dated.
- Photo Identification - acceptable identification includes a drivers’ license, non-driver’s identification issued by a government agency, passport, or military identification card.
- Completed Certification of Appointment of Alcoholic Beverage Control Officer signed by both the proposed ABC Officer and a current Officer of the Club that is *not* the proposed ABC Officer.
- Applicant’s Statement completed by the Proposed ABC Officer.
- ELECTRONIC FINGERPRINTING \*

Instructions for fingerprinting will be provided on the application Filing Receipt and are also available on our website: [www.sla.ny.gov](http://www.sla.ny.gov)

*Note: Persons currently licensed by the State Liquor Authority will not have to be re-fingerprinted.*

**Please mail application to:**

**New York State Liquor Authority  
PO Box 782772  
Philadelphia, PA 19178-2772**

**CERTIFICATION OF APPOINTMENT OF ALCOHOLIC BEVERAGE CONTROL OFFICER**

The undersigned, being a duly elected officer of \_\_\_\_\_,  
( Name of Licensee )

the holder of club license ID number \_\_\_\_\_  
(License Number)

with a premises address of \_\_\_\_\_, hereby certifies that  
(Address of premises)

\_\_\_\_\_, a member in good standing,  
(Name of Proposed ABC Officer)

residing at \_\_\_\_\_  
(Home Address of Proposed ABC Officer)

has been appointed to serve as the Alcoholic Beverage Control Officer for the club. This appointment shall remain in full force and effect until the State Liquor Authority shall be notified and shall have approved the appointment of a replacement Alcoholic Beverage Control Officer.

\_\_\_\_\_  
Date Signed                      Signature of Club Officer (not the proposed ABC Officer)                      Title

I hereby accept the appointment as Alcoholic Beverage Control Officer.

\_\_\_\_\_  
Date Signed:                      Signature of Proposed ABC Officer

Full Name of Licensee as listed on the License

Complete Address of Licensed Premises

FEIN#                                      Business Telephone Number

Business Email Address (required)

Business Website




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## APPLICANT STATEMENT

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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.

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 Signature

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 Date

## PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors and managers must also complete this questionnaire.)
- b. If you are a **lender or donor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

**Name of Applicant**

**1. STATE OF IDENTIFICATION**

Print <b>YOUR</b> name	Date of Birth	Social Security Number
Residence Street Address	Gender Male      Female	
City	State    Zip Code	Residence Telephone      Cellular Telephone
E-mail Address	U.S Citizen Yes      No	If NOT U.S. citizen - country of citizenship
Married Yes      No	If Married, Spouse Name	Spouse Social Security Number

**2. POSITION (or interest) you will hold (check each);**

President	Director	Stockholder ----->	Number of shares owned
Vice President	Manager	LLC Member ---->	Percentage of ownership
Secretary	Partner	LLC Manager	
Treasurer	General Partner	Lender*	
Chairman	Limited Partner	Donor*	
Officer	Sole Proprietor	Guarantor*	
ABC Officer	Joint Account Holder	Trustee	
Other (describe)			

\*If Lender or Donor, please state your relationship to the applicant.

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

Print **YOUR** Name

**3. RESIDENCE HISTORY**

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

**4. EMPLOYMENT HISTORY**

List your employment history for the past FIVE (5) years to PRESENT DATE.  
Also, list any employment history that shows experience in the alcohol industry.  
Add additional sheets if necessary.

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

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

Print **YOUR** Name

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes      No

5(b) Will you take an active part in the operation of the business to be licensed? Yes      No  
 If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes      No

If YES, please provide information below:

Business Name

Business Address

Type of Interest

Date Interest Began      License ID Number

Business Name

Business Address

Type of Interest

Date Interest Began      License ID Number

Business Name

Business Address

Type of Interest

Date Interest Began      License ID Number

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

Print **YOUR** Name

**5. LICENSE HISTORY / AFFILIATIONS**

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes      No

If YES, please provide information below:

Name of Applicant	Address of Premises
Disposition	Date of Filing
License ID Number	
Name of Applicant	Address of Premises
Disposition	Date of Filing
License ID Number	
Name of Applicant	Address of Premises
Disposition	Date of Filing
License ID Number	
Name of Applicant	Address of Premises
Disposition	Date of Filing
License ID Number	

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated?** Yes      No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer? Yes      No

If YES, please provide details:

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

Print **YOUR** Name

**6. CONVICTION RECORD AND PENDING CRIMINAL CASES**

Pursuant to Alcoholic Beverage Control Law §110(1)(i) and Criminal Procedure Law §160.57(d)(vii) the Authority is authorized by law to receive a full fingerprint-based check of criminal history information. Additionally, there is a requirement contained in Alcoholic Beverage Control Law §110(1)(d) that the applicant must provide a complete conviction history. These provisions remain in effect.

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?	<b>YOU</b>	Yes	No
	<b>SPOUSE</b>	Yes	No

If YES, please provide details

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWAI)?	<b>YOU</b>	Yes	No
	<b>SPOUSE</b>	Yes	No

***If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.***

***If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.***

6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?	<b>YOU</b>	Yes	No
		Not Applicable	
	<b>SPOUSE</b>	Yes	No
		Not Applicable	

***If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.***

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES pending against you or your spouse - including driving while intoxicated or impaired?	<b>YOU</b>	Yes	No
	<b>SPOUSE</b>	Yes	No

***If YES, please provide a copy of the Accusatory Instrument.***

7. Do you have any relationship with the current / past owner of the business at this location?	<b>YOU</b>	Yes	No
	<b>SPOUSE</b>	Yes	No

***If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)***

**8. Signature:**

**Date:**