

RENEWAL APPLICATION / INSTRUCTION FORM

PER ADVISORY #2020-21, ALL RENEWAL APPLICATIONS MUST BE FILED AT LEAST SEVEN (7) CALENDAR DAYS PRIOR TO THE EXPIRATION OF THE CURRENT LICENSE. BE ADVISED THAT ANY DEFICIENCY IN THE APPLICATION, OR FAILURE TO PROVIDE ALL SUPPORTING DOCUMENTATION, WILL DELAY THE PROCESSING OF YOUR RENEWAL AND MAY LEAD TO IT'S DISAPPROVAL .

The following documents are required to be submitted by all NYS Retail Licensees:

- Renewal Advisory
- Completed Renewal Application form (all pages)
- Submit a check or money order payable to New York State Liquor Authority in the total amount as shown on the Renewal Advisory.
- Original surety bond in the appropriate amount; **SIGNED BY THE LICENSEE**; and with the expiration of the bond being the same as the license expiration date on the Renewal Advisory . The bond must have the premises name and address typed exactly as it appears on your license certificate.

REQUIRED FOR NEW YORK CITY ON-PREMISES LICENSEES ONLY:

- Submit a copy of the *Standardized Notice Form for providing a 30-Day Advance Notice to a local Community Board* as required by Section 110 (b)(b) of the ABC Law that was sent to the Community Board. This section of the ABC Law requires that all on-premises licensees (whether licensed for beer; beer & wine; or beer, wine & liquor) located within the City of New York notify the Community Board that they are renewing their license.
- Additionally, submit proof that the Community Board was given proper notice via the Standardized 30-Day Notice Form. This can include:
 - a. A copy of the certified mail card - return receipt requested
 - b. A copy of the delivery receipt from a commercially recognized delivery service showing the date of delivery
 - c. A copy of the Standardized Notice Form form date-stamped by the Community Board

If applicable, submit the following:

- Notice of appearance if an attorney or representative assisted in completing this renewal application.

No changes can be made during the renewal process. If there have been any changes to the principals of the license, any physical changes to the establishment, Trade Name or changes to the approved method of operation, you must file the appropriate change application which can be found on our website: www.sla.ny.gov. You must receive approval from the Authority before making any such changes.

The completed application the **Renewal Advisory** and any supporting information must be mailed to the address below:

**M&T Bank Lockbox
New York State Liquor Authority
PO Box 8000-Dept 930
Buffalo, New York 14267**

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information

Is your licensed premises closed? YES NO

If yes, is your license in safekeeping with the Authority? YES NO

If yes, do you wish for your license to remain in Safekeeping at Renewal? YES NO

If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date the premises plans to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name: License Serial #:

Trade Name (if applicable):

Federal Employer Identification Number :

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

- Restaurant Catering Establishment Club (i.e., Fraternal Org) Ball Park/Stadium/Arena Cabaret Bed & Breakfast
- Bar/Tavern Adult Entertainment Night Club/Dance Club Country Club/ Golf Course Hotel Sports Bar

If dancing is permitted at the premises, who is be permitted to dance? Patrons Employees Both Not Applicable

If dancing is permitted, is there exotic dancing (i.e.pole dancing, lap dancing, etc.)? YES NO Not Applicable

Is there topless entertainment at the premises? YES NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises:

Licensed Premises Address:

**Required*

City: State: Zip Code:

County: E-mail address:

**Required*

Premises Telephone # (include area code): Contact Phone # (include area code):

**Required*

If the address your premises is known by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.

Mailing Address (if different than premises address):

Mailing Address:

City: State: Zip Code:

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

Address:

City: State: Zip Code:

1d. Do you have a lease, management agreement, or other agreement giving you control of the premises? YES NO N/A: (OWN/DEED)

Please be advised that the licensee(s) are required to retain control over the premises pursuant to Alcoholic Beverage Control Law § 111. Further, pursuant to Alcoholic Beverage Control Law §§ 110(1)(g) and 110(4) if there be any change, after the filing of the application for, or the granting of a license, in any of the facts required to be set forth in such application, you are required to notify the Authority within ten days after such change by the filing of a supplemental statement.

2. Arrest/Conviction Information

Has the applicant or any of the (if partnership) partners , or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been ARRESTED and/or CONVICTED during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations? YES NO Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

Signature _____ Title _____ Date _____

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

.....
 Partner Signature Title Date

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

.....
 Partner Signature Title Date

C. Corporation, LLC or LLP (This section must be completed, signed, and dated by an authorized officer. This principal should be the primary point of contact.)

IMPORTANT: NYS Department of State (DOS) Division of Corporations Attestation. By Signing below, I attest (i) that I am an authorized principal of the corporation, LLC, or LLP applying for renewal, and (ii) that the applicant corporation, LLC, or LLP exists and is currently in good standing and authorized to do business in New York with the DOS (i.e. has not been dissolved or annulled by proclamation).

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title: Corp., LLC, or LLP Name:

Telephone # (include area code): Cell Phone # (include area code):

.....
 Authorized Signature Title Date

**C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)**

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

D. Club (This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
..... Authorized Signature Title Date			