

SEASONAL - RENEWAL

RENEWAL APPLICATION / INSTRUCTION FORM

The Renewal Advisory previously mailed to you must be submitted with this Renewal Application
PLEASE ALLOW TEN(10) BUSINESS DAYS FOR PROCESSING. BE ADVISED THAT ANY DEFICIENCY IN THE APPLICATION OR FAILURE TO PROVIDE ALL SUPPORTING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR RENEWAL OR MAY LEAD TO THE DISAPPROVAL OF YOUR RENEWAL.

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 and any supporting information, including the **Renewal Advisory**, 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

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Please complete all of the fields provided in the form. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

1. Licensed Premises Information

Is your licensed premises closed? YES NO

If yes, is your license in safekeeping with the New York State Liquor Authority? YES NO

Licensed Premises Name: License ID #:

Trade Name (if applicable): Effective Date:

Federal Employer Identification Number : Expiration Date:

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

- | | | | | |
|------------|------------|----------|------------------------|----------------------------|
| Bar/Tavern | Cabaret | Cafe | Catering Establishment | Club (i.e., Fraternal Org) |
| Hotel | Night Club | Pizzeria | Restaurant | |

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.

Address of the Licensed Premises

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board or notification from the Post Office.

Licensed Premises Address:

City: State: Zip Code:

County: Email Address:

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

Mailing Address (if different than premises address)

Mailing Address:

City: State: Zip Code:

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

Landlord Name:

Address:

City: State: Zip Code:

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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 (if partnership) any of the 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 and where applicable, 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 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:	<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"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Signature	Title			Date	

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B. Partnership *(This section must be completed, signed and dated by each partner.)*

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

B. Partnership *(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

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:		
Telephone # (include area code):	Cell Phone # (include area code):	
Authorized Signature	Title	Date

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

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

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

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

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

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

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

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: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

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

Authorized Signature

Title

Date