

RENEWAL APPLICATION / INSTRUCTION FORM

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 OFYOUR RENEWAL OR MAY LEAD TO THE DISAPPROVAL OF YOUR RENEWAL.

The following documents are required to be submitted by all NYS Wholesale/Manufacturer 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. Following is a list of license types with the bond amounts for each type:

| | | | |
|--------------------------|------------------|------------------------|------------------|
| 101-MI Micro Brewer | No Bond Required | 205-DB Distiller B-1 | No Bond Required |
| 101-D Brewer | \$15,000 | 206-DA Distiller A-1 | No Bond Required |
| 103-C Beer Wholesaler | \$10,000 | 207-DD Farm Distiller | No Bond Required |
| 104-BC Cider By Beer | No Bond Required | 301-DW Winery | \$10,000 |
| 105-CO Beer Wholesaler | \$10,000 | 302-FW Farm Winery | No Bond Required |
| 106-FD Farm Brewer | No Bond Required | 303-WW Wine Wholesaler | \$10,000 |
| 201-DA Distiller A | \$25,000 | 304-CD Cider Producer | \$1,000 |
| 202-DB Distiller B | \$25,000 | 307-MW Micro Winery | No Bond Required |
| 203-LL Liquor Wholesaler | \$20,000 | 309-CF Farm Cidery | No Bond Required |
| 204-DC Distiller C | \$5,000 | | |

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

Is your license a C-103 Beer Wholesaler license? YES NO

If yes to any of the above, unless you hold a C-103 license, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open.

If you have Farm Manufacturing Branch Office permit(s), are you also renewing said permit(s)?

YES NO NOT APPLICABLE

If no, please explain reason for non-renewal:

Licensed Premises Name:

License ID #:

Trade Name (if applicable):

Federal Employer Identification Number (FEIN):

Certificate of Authority Number:

Address of the Licensed Premises

Licensed Premises Address:

**Required*

City:

State:

Zip Code:

County:

Email Address:

**Required*

Premises Telephone # (include area code):

**Required*

Contact Phone # (include area code):

If the address your premise is know 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:

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

Landlord Name:

Address:

City:

State:

Zip Code:

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 |
|-----------------------|--|-----------------|--|-------------|
| | | | | |
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| | | | | |

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 style="width: 95%;" type="text"/> | Date of Birth: | <input style="width: 95%;" type="text"/> | Social Security #: | <input style="width: 95%;" type="text"/> |
| Residence street address: | <input style="width: 98%;" type="text"/> | | | | |
| City: | <input style="width: 80%;" type="text"/> | State: | <input style="width: 50%;" type="text"/> | Zip Code: | <input style="width: 80%;" type="text"/> |
| Telephone # (include area code): | <input style="width: 95%;" type="text"/> | | Cell Phone # (include area code): | <input style="width: 95%;" type="text"/> | |
| Signature | Title | | | Date | |

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

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|--------------------|----------------------|
| 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"/> | | |
| Partner Signature | Title | | Date | | |

B. Partnership *(attach additional sheets if necessary)*

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|--------------------|----------------------|
| 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"/> | | |
| 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).

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|----------------------------------|----------------------|-----------------------------------|----------------------|--------------------|----------------------|
| 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 | | |

**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"/> | | |