NEW YORK STATE | Liquor Authority

Application for a Change in Class to a Liquor/Wine Store Retail License

License ID Number:	
Applicant Name:	DBA:
Address:	County:
Mailing Address, if different:	Telephone #:
Current License Type:	Proposed License Type:
Is the premises located within 200 feet of a building occupied as a school, church, synagogue or other place of worship, which is located on the same street or avenue? Yes _____ No_____	

Required Documentation/Information:

1) License Fee and Filing Fee of the license sought (Refer to the Fee Chart) – this is the amount to be paid:

License Fee: _____ + Filing Fee: _____ = Total Due: _____

2) The following sections of the appropriate Retail Application and additional documents to be filed along with this form:
- **a)** Application for Alcoholic Beverage Control Retail License
- **b)** Statement of Area Plan
- **c)** Establishment Questionnaire
- **d)** Method of Operation
- **e)** Applicant's Statement
- **f)** Liquor/Wine Store Questionnaire

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) Block Plot Diagram on 8 ½" x 11" paper

5) Notice of Appearance (for applicants being assisted by an Attorney/Representative or Third Party)

6) List of Forms Currently on File

If applying for a change in class from a Wine Store to a Liquor Store please provide your gross sales for the last 2 years. If you have not held the Wine Store license for 2 years when applying for the change in class, please provide the gross sales for the period of time you have held the license.

Mail the completed application to: New York State Liquor Authority, PO Box 782772, Philadelphia, PA 19178-2772

OFFICE USE ONLY BELOW:

Date Filed: _____ New License ID Number: _____

Approved or Disapproved _____ Licensing Board: _____ Date: _____

NEW YORK STATE | Liquor Authority

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (LIQUOR or WINE STORE)

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):

3. Federal Tax ID Number (required):

[OFFICE USE ONLY]

DATE FILED: APPLICATION ID#:

◯ Approved ◯ Disapproved

License Board Member Date

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◯ Original ◯ Amended Date _____

4. 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

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

Please list the names and addresses of 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:

*__Corporations and Limited Liability Companies (LLCs)__ must list the name, residential address, social security number and date of birth of any individual who owns 10% or more of the applicant corporation and any individual who holds the following titles (or their equivalent): president; treasurer; secretary; and chief executive officer. Any individual listed must also submit a Personal Questionnaire, a copy of photo identification, original photo and fingerprints. *See Advisory 2022-13 for assistance.*

*__Not-For-Profit Corporations__ must 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. If the non-profit is only applying for a club license, the second page of the application form must list the name, residential address, social security number and date of birth of the individual serving as the Alcoholic Beverage Officer. The individual must also submit a Personal Questionnaire. *See Advisory 2015-4 for assistance.*

List of Forms Currently on File

New License ID 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

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: _____

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◯ Original ◯ Amended Date

STATEMENT OF AREA PLAN
200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN **300** FEET

2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?**
(exclusive use as a church or place of worship will be determined by this agency)
(please respond "YES" if ANY school, church or place of worship is within 200 feet)

◯ Yes ◯ No

3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

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ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

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

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? ◯ Yes ◯ No

If YES, please specify:

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

◯ Currently Licensed ◯ Previously Licensed ◯ Never Licensed ◯ Do Not Know

Name of Licensee: License ID Number:

2d. Are there any disciplinary action pending against the applicant, current licensee or prior licensee?

◯ Yes ◯ No ◯ Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? ◯ Yes ◯ No

Name of Licensee: License ID Number:

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PROPOSED METHOD OF OPERATION

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

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

2. Will the business employ a manager? ◯ Yes ◯ No

2a. If NO, will principal(s) manage? ◯ Yes ◯ No

3. How many employees? (excluding principals) [ ]

3a. If answer is "0" please provide explanation. [ ]

4. Will applicant engage in Internet sale of alcoholic beverages? ◯ Yes ◯ No

4a. If YES, provide a detailed description of the proposed Internet model. Attach additional sheets if necessary:

[ ]

ALCOHOLIC BEVERAGES MAY ONLY BE SOLD DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
http://sla.ny.gov/provisions-for-county-closing-hours

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3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s).
◯ Yes ◯ No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, overwhich the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.)
◯ Yes ◯ No

If YES, describe:

3f. What is the total square footage of the proposed premises?

3f(b). Of the total square feet, how much is devoted to retail space?

3g. Will the proposed business have a "bullet-proof configuration," where the inventory and personnel are located behind protective glass or other barrier?
◯ Yes ◯ No

Mark the interior diagram to reflect how each door of the premises is to be used (e.g., public entrance, emergency exit only, deliveries, etc.)

NEW YORK STATE | Liquor Authority

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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

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◯ Original ◯ Amended Date

LIQUOR/WINE STORE QUESTIONNAIRE

Package/Wine Store applicants for premises NOT currently licensed must complete this section.

1. List the four closest package and/or wine stores and distance from the proposed premises location (in miles or feet).

A. Name of Licensee:
License ID Number:
Address:
Distance:

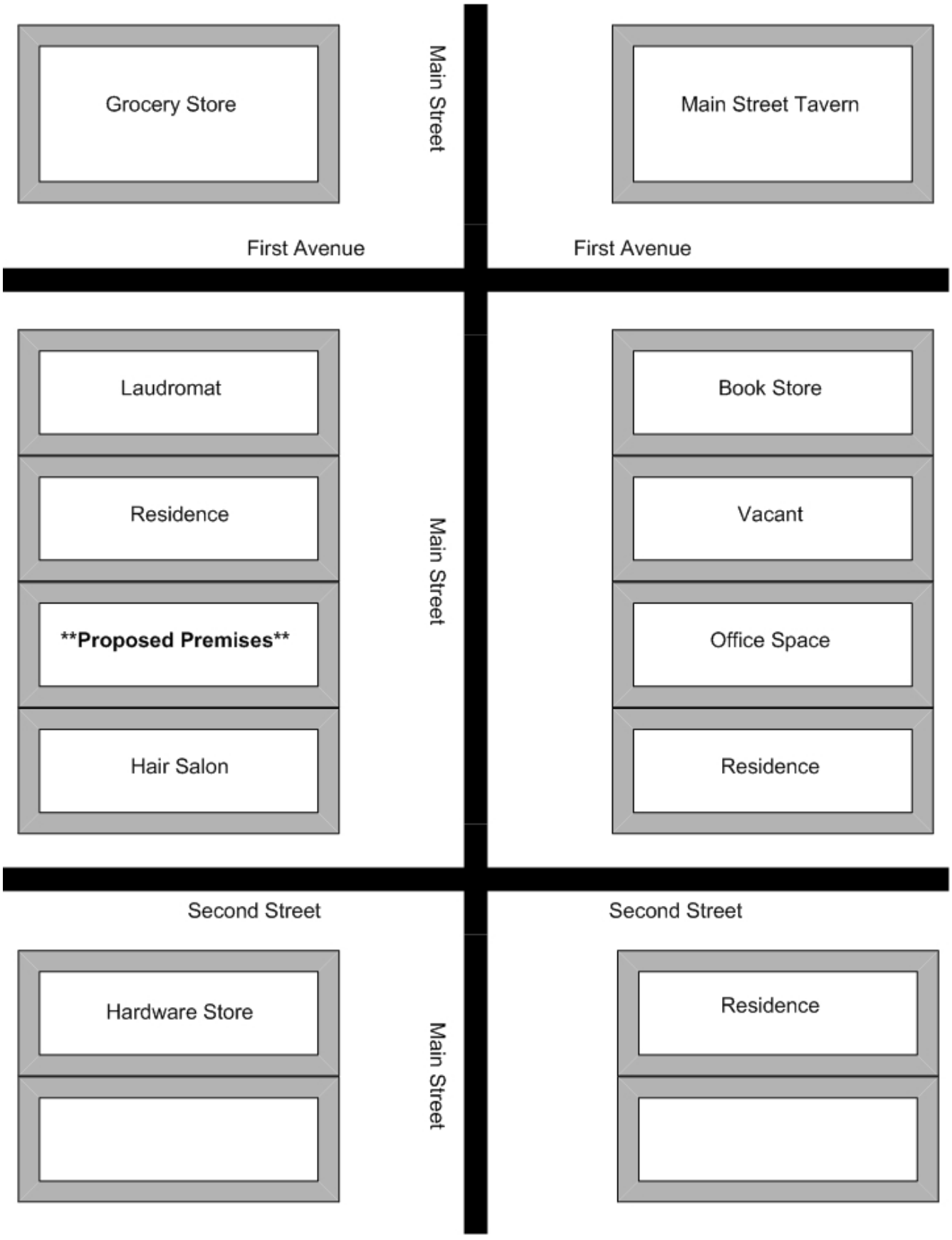
B. Name of Licensee:
License ID Number:
Address:
Distance:

C. Name of Licensee:
License ID Number:
Address:
Distance:

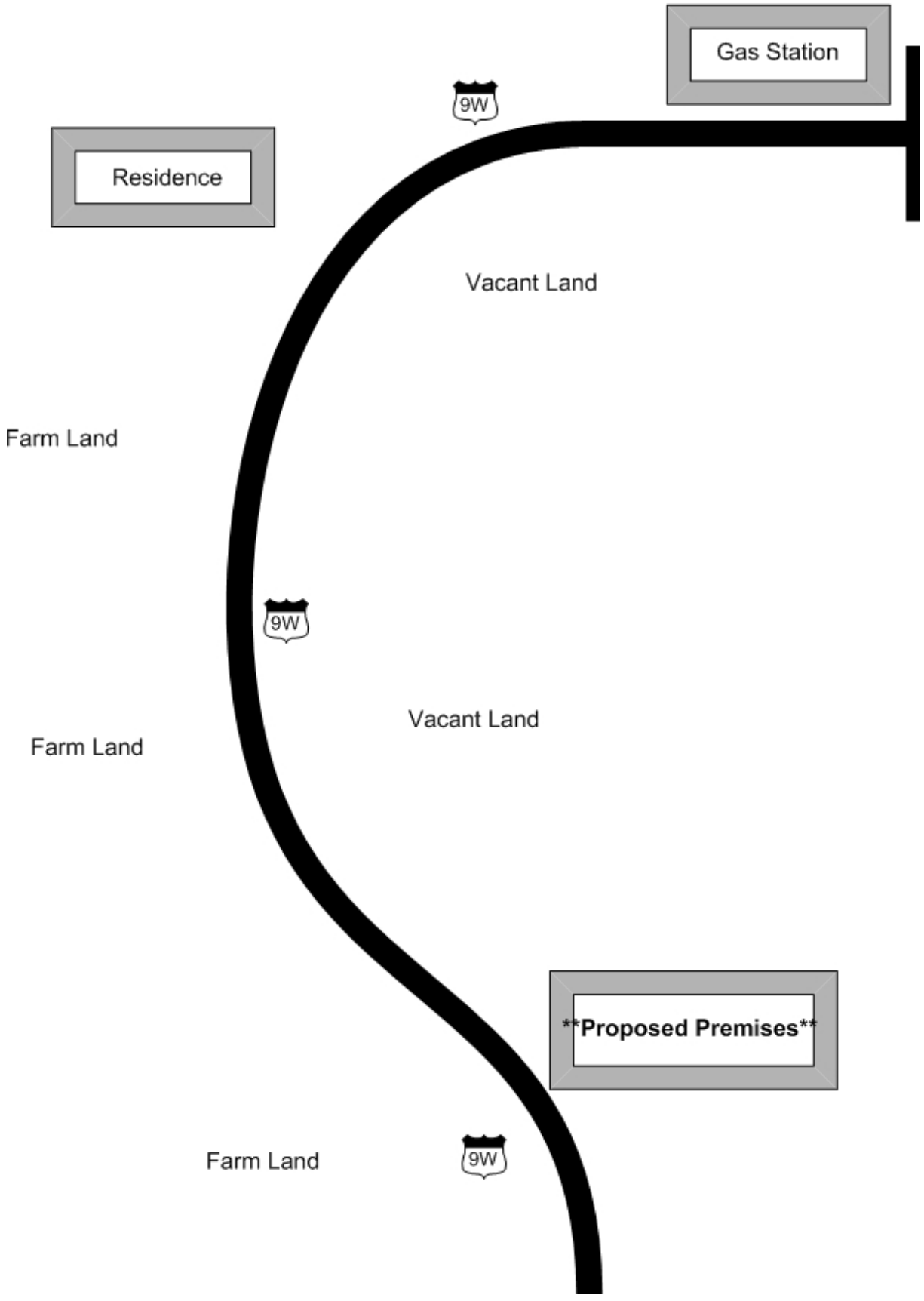
D. Name of Licensee:
License ID Number:
Address:
Distance:

Submit an Area Map using a single 8-1/2" x 11" sheet of paper which shows the proximity of the stores listed above to the applied for premises and to each other. You may use Internet map applications as long as the area map is clearly labeled and the distances between stores are clearly indicated (measurements should be by walking/driving directions, not a straight line.)

EXAMPLE OF A BLOCK PLOT DIAGRAM (CITY/TOWN)



EXAMPLE OF A BLOCK PLOT DIAGRAM
(RURAL AREA)



STATE OF NEW YORK

NOTICE OF APPEARANCE

Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection, a record of who appears before it, for a fee as a third party (i.e., an attorney, an agent, lobbyist*, or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency. This usually occurs when the third party's client is involved in an enforcement, formal permit, or application matter.

Agency: _____ **Date:** _____

Division/Bureau: _____

1. **Name of individual appearing:** _____
   Business Address: _____
   Business Telephone: _____

2. **Client represented:** _____
   Business Address: _____
   Business Telephone: _____

3. **Subject of appearance:** _____ **Regulatory/Enforcement** _____ **Lobbying**

   _____

   _____

4. **Acting in capacity of:**

   _____ **Attorney** ___ **Lobbyist**

   _____ **Agent** ___ **Other (describe)** _____

5. **Are you being compensated?** ___ **Yes** _____ **No** **If Yes:** ___ **Fee** ___ **Salary**

Agency official (print name): _____

*A LOBBYIST is a person or organization, other than a New York State government employee acting in an official capacity, who appears for the purpose of influencing the adoption or rejection of proposed rules, regulations, rates, legislation, including the State budget or the specification or award of a State Procurement Contract. An "appearance" for lobbying purposes can be a personal visit, letter, telephone call, conversation at a meeting, or any other type of contact, but does not include "on the record" proceedings or hearings.

The State Liquor Authority requires all representatives to provide a valid email address. Failure to provide an email address could result in delays in processing times, as emails are the SLA's primary means of communication with applicants and representatives.

Name of Representative:

Email Address of Representative: