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NEW YORK STATE | Liquor Authority

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Permit

NEW YORK STATE LIQUOR AUTHORITY

INSTRUCTIONS & APPLICATION
for

ALCOHOLIC BEVERAGE CONTROL SOLICITOR PERMIT

CONTENTS

- Instructions for completing forms
- Application

DIRECTIONS FOR COMPLETING THE PERMIT APPLICATIONS

- Must be **TYPED**
- Complete applicable forms **FULLY.**
- Follow instructions carefully.
- Retain a completed copy of the application for your records.

Completed applications and any supporting information should be mailed to:

NEW YORK STATE LIQUOR AUTHORITY
PO BOX 782772
PHILADELPHIA , PA 19178-2772

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Description of Solicitor Permit and Instructions

Authorizes the permittee to offer for sale or to solicit orders for the sale of any alcoholic beverage only on behalf of the licensee whose name appears upon such permit. **(Section 93 ABC Law) Please be guided by Solicitor Permit Advisory 2017-4.**

**** Effective November 6, 2016 please note that a solicitor permit is not required for person who is soliciting orders on behalf of a craft/farm manufacturer.**

The following information and material is required with the completed application:

- Completion of a Personal Questionnaire: https://sla.ny.gov/system/files/documents/2025/05/personalquestionnaire_01212025.pdf
- Proof of Citizenship If U.S. Citizen
- If solicitor is not a U.S. citizen, submit a copy of alien registration card or work authorization.
- Driver License or Non-Driver ID from applicant's state of residence
- Each applicant is required to be fingerprinted and must follow the fingerprinting instructions available on the filing receipt or on our website: https://sla.ny.gov/system/files/documents/2025/01/electronic-fingerprinting-instructions-01-14-25.pdf

SOLICITOR (SP)
The 3 year solicitor permit fee is $98.

Make checks payable to: the New York State Liquor Authority.

Please note applications are no longer pro-rated and will be valid for three years from the date of issuance.

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SOLICITOR PERMIT APPLICATION

Name of Applicant :
(Full Name of Applicant)

Residence Street Address:

City: State: Zip Code:

Applicant e-mail address:

Mailing Address of Applicant:

City: State: Zip Code:

NYS Wholesaler or Manufacturer (Employer)

License ID Number:

Name of Manufacturer or Wholesaler :

Address:

City: , NY Zip Code: County:

Telephone Number:

E-mail address:

Mailing Address if different:

[OFFICE USE ONLY] ☐ APPROVED ☐ DISAPPROVED

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SOLICITOR PERMIT APPLICATION

THE FOLLOWING CERTIFICATION IS TO BE SIGNED AND DATED BY THE EMPLOYER OF THE APPLICANT

I certify that the below captioned solicitor will be employed by below listed employer, and that I have compared the applicant's driver's license or non-drivers ID photo with the applicant and that the enclosed DMV ID # and signature are that of the applicant. I further certify that I know the contents of this application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said applicant corporation, group or association to make the statements and answers in this application on behalf of said corporation or company with the same force and effect as if said corporation or company made such statements and answers itself. I certify that I have read the terms and conditions for the permit applied for and agree to comply with those conditions.

Name of Employer (wholesaler): _____

Applicant (solicitor) Name: _____

Authorized Signature of Employer: _____

Print Name and Title of Authorized Signature: _____

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY THE INDIVIDUAL APPLICANT (SOLICITOR).

I certify that I am the applicant above named; that I know the contents of the above application and the statements contained therein and that the same are true to my knowledge. I certify that I have read the conditions for the permit applied for and agree to comply with those conditions.

_____
Signature

_____ _____
Print Name Date