

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

FILING CHECKLIST

APPLICANTS SHOULD KEEP A COPY OF THIS APPLICATION AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

Section 105-b of the Alcoholic Beverage Control Law requires that Notice be posted in a conspicuous place at the entrance of the premises within 10 days of filing a new application to sell liquor at retail. This Notice does not apply to a premises that is currently licensed to sell liquor at retail. This Notice Form can be found on our website under "Notice to be Posted at Proposed Premises."

Section 110-b of the ABC Law requires ALL on-premises applicants (whether applying for beer, wine or liquor licenses) to notify the local Municipality or Community Board not more than 270 days prior to filing an application the the Liquor Authority. A COPY OF THE COMPLETED STANDARDIZED FORM AND PROOF OF DELIVERY MUST BE SUBMITTED WITH THIS APPLICATION.

Applicants MUST submit the following sections of the license application when filing the application:

Application Wizard Cover Page	Method of Operation
Application	Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder, etc. - signed and dated)
Right to Premises	Notice of Appearance (if represented by someone other than the applicant principals)
Landlord Identification	Applicant's Statement (signed and dated)
Financial Disclosure	Completed copy of the Standardized Notice Form for providing 30 days advance notice to the municipality with proof of delivery
500 Foot Law Statement	
Statement of Area Plan	
Establishment Questionnaire	

Applicants MUST submit the following Supporting Documents when filing the application:

- Bond, Form L-9 (signed by an applicant principal and expiring at the end of the initial licensing term)
- Detailed Diagrams of the interior of the premises (see diagram instructions and examples at the end of this application)
- Financial Records showing the source and availability of funds to be used for the venture
- Lease/Deed/Contracts (you must provide proof that you have full control over the premises)
- Letter of request to waive the two restroom rule (if only one restroom)
- Menu
- Photo Identification for all applicant principals (copies only)
- Photos of applicant principals
- Photos of the proposed premises (exterior and interior - including bar, kitchen/food preparation area)
- Submission of all the fees associated with this application (see Application Wizard Cover Page)

Applicants MUST submit the following Supporting Documents before a license can be issued (Conditions of Approval):

- | | |
|--|--|
| Assumed Name Filing Receipt (if DBA is used) | NYS Department of State Corporate Filing Receipt or Business Certificate from County Clerk if Sole Proprietor or Partnership |
| Newspaper Affidavit | Photos of the premises showing it ready to open and operate |
| Provide a list of 100 or more bona fide dues paying members in good standing. List must include member names and addresses (For-Profit Clubs only) | |



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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent:

1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Application Removal Class Change

For premises in the City of New York: (counties of Kings, New York, Bronx, Queens and Richmond):

New Application
 New Application and Temporary Retail Permit
 Temporary Retail Permit
 Removal
 Class Change
 Method of Operation
 Corporate Change
 Renewal
 Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date

For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee License ID (if applicable):

Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:

, **NY** Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold:

Beer & cider

Wine, Beer & Cider

Liquor, Wine, Beer & Cider

12. Extent of Food Service:

Full Food menu; full kitchen run by a chef/cook

Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment

Juke Box

Disc Jockey

Recorded Music

Karaoke

14. Method of Operation:

(check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing

Employee Dancing

Exotic Dancing

Topless Entertainment

Video/Arcade Games

Third Party Promoters

Security Personnel

Other (specify):

15. Licensed Outdoor Area:

(check all that apply)

None

Patio or Deck

Rooftop

Garden/Grounds

Freestanding Covered Structure

Sidewalk Cafe

Other (specify):



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LICENSE ²⁹

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

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. For **SEASONAL** licenses only (select license date range): _____ to: _____

4. Number of **ADDITIONAL BARS** (if any): _____

5. Months that **SEASONAL** add bars will operate: _____ to: _____

6. Federal Tax ID Number (required): _____

[OFFICE USE ONLY]			
DATE FILED:	<input type="text"/>	APPLICATION ID #:	<input type="text"/>
Approved	<input type="radio"/>	Disapproved	<input type="radio"/>
		License Board Member	Date
		<input type="text"/>	<input type="text"/>

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7. 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

8. 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, 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.*



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RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (*as it appears on lease and deed*):

2. Landlord Mailing Address

Street Address:

City:

State:

Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name Address (if different than Landlord's mailing address above)

Name Address (if different than Landlord's mailing address above)

Name Address (if different than Landlord's mailing address above)

Name Address (if different than Landlord's mailing address above)

5. Are any persons listed on this form police officers? Yes No

If yes, list names below:

Name

Name

Name

6. List number of years real property has been owned or legally controlled by the landlord:



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FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.

1. EXPENSES (Actual or Estimated)

1a. Real Property (if purchased within the past year by the applicant or any of its principals):

1b. Purchase/Contract Price of Business (submit copy of contract):

1c. Renovations/Improvement Costs (e.g., furnishings, fixtures, etc.):

1d. Miscellaneous (any other expense related to this venture):

TOTAL EXPENSES

Total of lines 1a through 1d

2. CASH*

*Cash includes funds on hand that do not need to be repaid. For example, checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for **EACH** source of cash.

2a. Source of Funds	Personal Questionnaire attached	Dollar Amount
2b. Source of Funds	Personal Questionnaire attached	Dollar Amount
2c. Source of Funds	Personal Questionnaire attached	Dollar Amount

TOTAL CASH

Total of All Cash Expended

3. BORROWED*

*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for **EACH** source of borrowed monies.

3a. Source of Funds	Personal Questionnaire attached	Dollar Amount
3b. Source of Funds	Personal Questionnaire attached	Dollar Amount
3c. Source of Funds	Personal Questionnaire attached	Dollar Amount

TOTAL BORROWED

Total of All Borrowed Funds

4. Have all investors been disclosed in this application?

Yes No

TOTAL INVESTMENT

Total Cash plus Total Borrowed

The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one (21), police officers and anyone with an interest in a wholesale or manufacturing license.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine application)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (*check the appropriate box below*):

IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.

IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)

NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.

NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000

NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

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

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

OFFICE USE ONLY <input type="radio"/> Original <input type="radio"/> Amended Date
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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.

<input type="radio"/> Original <input type="radio"/> Amended Date _____
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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.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

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:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

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 actions 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:

<input type="radio"/> Original <input type="radio"/> Amended OFFICE USE ONLY Date _____

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, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.)

Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables?

3i. Number of seats at tables?

3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1

Bar 2

Bar 3

Bar Type:

Bar Type:

Bar Type:

Length:

Length:

Length:

Shape:

Shape:

Shape:

Location:

Location:

Location:

(If the location of your bar is not listed as a choice in the drop-down menu, please type in your answer.)

Attach additional sheets if there are more than 3 bars.

<input type="radio"/> Original <input type="radio"/> Amended Date _____
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5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:

Note: there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram.

- | | | | | |
|---------------|------|---------|----------|--------|
| Sidewalk Cafe | Deck | Patio | Porch | Gazebo |
| Rooftop | Yard | Balcony | Pavilion | Tent |

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|---------|------|-----------|--------|------------|
| Fencing | Wall | Shrubbery | Roping | Stanchions |
|---------|------|-----------|--------|------------|

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If YES, submit a copy of the permit, the permit application, proof of workers' compensation and proof of liability insurance to provide coverage for "injury sustained by persons on the contiguous municipal public space or non-contiguous municipal public space used by the licensee and, if applicable, persons and cyclists using or crossing a bike thoroughfare that connects the licensed premises to the non-contiguous municipal space used by the licensee."

<input type="radio"/> Original	<input type="radio"/> Amended	OFFICE USE ONLY Date
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PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

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, please provide details on a separate sheet)
 - 1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No
 If YES, how frequently?

2. Will the premises have music? Yes No
 - 2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke
 Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):
 Outdoor Music (give details: e.g. Live, DJ, Recorded etc.):
 - 2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No
 - 3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both
 - 3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No
 - 5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)
 - 6a. If answer is "0" please provide an explanation:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. Will security personnel be used at the premises? Yes No

7a. If YES, how many?

7b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

8. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

9. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

9a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY 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>

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

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors and managers must also complete this questionnaire.)
- b. If you are a **lender or donor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant

1. STATE OF IDENTIFICATION

Print YOUR name	Date of Birth	Social Security Number
Residence Street Address	Gender Male Female	
City	State Zip Code	Residence Telephone Cellular Telephone
E-mail Address	U.S Citizen Yes No	If NOT U.S. citizen - country of citizenship
Married Yes No	If Married, Spouse Name	Spouse Social Security Number

2. POSITION (or interest) you will hold (check each);

President	Director	Stockholder ----->	Number of shares owned
Vice President	Manager	LLC Member ---->	Percentage of ownership
Secretary	Partner	LLC Manager	
Treasurer	General Partner	Lender*	
Chairman	Limited Partner	Donor*	
Officer	Sole Proprietor	Guarantor*	
ABC Officer	Joint Account Holder	Trustee	
Other (describe)			

*If Lender or Donor, please state your relationship to the applicant.

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Print **YOUR** Name

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.
Also, list any employment history that shows experience in the alcohol industry.
Add additional sheets if necessary.

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes No

5(b) Will you take an active part in the operation of the business to be licensed? Yes No
 If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes No

If YES, please provide information below:

Business Name	Business Address
Type of Interest	Date Interest Began License ID Number
Business Name	Business Address
Type of Interest	Date Interest Began License ID Number
Business Name	Business Address
Type of Interest	Date Interest Began License ID Number

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes No

If YES, please provide information below:

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License ID Number
Name of Applicant	Address of Premises	
Disposition	Date of Filing	License ID Number
Name of Applicant	Address of Premises	
Disposition	Date of Filing	License ID Number
Name of Applicant	Address of Premises	
Disposition	Date of Filing	License ID Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated?** Yes No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer? Yes No

If YES, please provide details:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Print **YOUR** Name

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

Pursuant to Alcoholic Beverage Control Law §110(1)(i) and Criminal Procedure Law §160.57(d)(vii) the Authority is authorized by law to receive a full fingerprint-based check of criminal history information. Additionally, there is a requirement contained in Alcoholic Beverage Control Law §110(1)(d) that the applicant must provide a complete conviction history. These provisions remain in effect.

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?	YOU	Yes	No
	SPOUSE	Yes	No

If YES, please provide details

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWA)?	YOU	Yes	No
	SPOUSE	Yes	No

If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.

If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.

6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?	YOU	Yes	No
		Not Applicable	
	SPOUSE	Yes	No
		Not Applicable	

If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES pending against you or your spouse - including driving while intoxicated or impaired?	YOU	Yes	No
	SPOUSE	Yes	No

If YES, please provide a copy of the Accusatory Instrument.

7. Do you have any relationship with the current / past owner of the business at this location?	YOU	Yes	No
	SPOUSE	Yes	No

If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

8. Signature:

Date:

<input type="radio"/> Original <input type="radio"/> Amended OFFICE USE ONLY Date

APPLICATION FOR LIQUIDATOR'S PERMIT

This application is to be completed by the retail licensee who is selling or liquidating their business and who proposes to dispose of the stock of alcoholic beverages in connection with such sale. The application must be accompanied by a **SEPARATE** check made payable to the NYS Liquor Authority for a total of \$36.00. This permit is valid for one transaction only and requires the sale of the **entire stock of UNOPENED alcoholic beverages owned** by the permittee. When the sale is approved, an inventory signed and dated by the permittee (the seller), listing the type, brand name, size and number of containers of alcoholic beverages to be sold, must be submitted to the NYS Liquor Authority. **The application will be disapproved if the seller is delinquent on any payments to their wholesaler distributors.**

SELLER'S INFORMATION

License ID number: _____

Seller's name: _____

Trade name: _____

Premises address: _____

City, town or village: _____ Zip Code: _____ County: _____

Telephone number: _____ E-mail address (required): _____

Provide date of sale: _____

BUYER'S INFORMATION

Buyer's name: _____

Trade name: _____

Premises address: _____

City, town or village: _____ Zip Code: _____ County: _____

Telephone number: _____ E-mail address (required): _____

- The applicant hereby represents that if a permit is issued, the following must be compiled with:
1. The alcoholic beverages will be sold and delivered only to manufacturers, wholesalers and retailers duly licensed by the State Liquor Authority.
 2. The permittee will pay all excise taxes imposed by or under provisions of Article 18 of the Tax Law and will comply with the rules and regulations of the State Tax Commission.
 3. License must be surrendered or placed in safekeeping before permit can be issued.

ATTACH ADDITIONAL SHEETS LISTING ALL OF THE INFORMATION REQUESTED ABOVE IF THERE WILL BE MORE THAN ONE LICENSEE PURCHASING YOUR INVENTORY AS PART OF THIS TRANSACTION. NO ADDITIONAL FEE IS NEEDED IF PRODUCT IS BEING SOLD TO MULTIPLE PARTIES DURING THIS TRANSACTION.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY BOTH PARTIES. THE PARTIES SWEAR THAT THE ANSWERS AND STATEMENTS MADE HEREIN ARE TRUE TO THEIR OWN KNOWLEDGE.

Seller's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

Application ID Number: _____ OFFICE USE ONLY - DO NOT WRITE IN THIS BOX
Seller on COD? <input type="radio"/> Yes <input type="radio"/> No Inventory attached? <input type="radio"/> Yes <input type="radio"/> No Current Lic Surr or Sk? <input type="radio"/> Yes <input type="radio"/> No
SLA ACTION: <input type="radio"/> Approved <input type="radio"/> Disapproved By: _____ Date: _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

NOTICE OF PUBLICATION

All applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper once a week for two successive weeks** as hereinafter provided per Section 107 of the ABC Law.

- If the proposed premises are located in any county **other** than New York, Kings, Queens or Bronx, the NOTICE shall be published in a daily **OR** weekly newspaper in the **city, town or village** where the premises are located. If there is no daily or weekly newspaper published in the city, town or village in which the proposed premises is located, then such notice shall be published in a daily or weekly newspaper published in the county in which the proposed premises is located.
- If the proposed premises are located in the counties of New York, Kings, Queens or Bronx, the NOTICE shall be published in one daily **AND** one weekly newspaper published in the county where the premises are located.

The NOTICE shall be printed in English in the following form:

Notice is hereby given that a license, number (fill in application ID number provided on the application receipt) for (fill in beer, cider, liquor and/or wine, as the case may be) has been applied for by **the undersigned*** to sell (fill in beer, cider, liquor and/or wine, as the case may be) at retail in a (hotel, club, restaurant, vessel, rail car or other type of establishment, as the case may be) under the Alcoholic Beverage Control Law at (fill in street address, city, town or village and county in which the premises are located) for on premises consumption.

(*Applicant's name and Trade Name of business (DBA) must appear at the bottom of the advertisement)

The first publication shall be made within 10 days of filing the application. Applicant shall obtain two original copies of proof of publication. One copy must be submitted to the Authority within **15 days** of receipt. The second copy shall be retained by the applicant. **Except for good cause shown, the Authority shall not issue the license unless proof of publication is submitted within such 15 day period.**

The form of proof of publication shall be as follows. This affidavit should be completed by a representative of the publishing newspaper:

STATE OF NEW YORK

COUNTY OF _____

_____ of _____ being duly sworn, says that (s)he is _____ of the publishers of the _____, a (daily) or (weekly) newspaper (printed and) published in the (city, town, village or county) _____, and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week for two successive weeks commencing on the _____ day of _____.

_____ , and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week for two successive weeks commencing on the _____ day of _____.

Sworn to before me this _____ day of _____



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:

Original Amended

OFFICE USE ONLY

Date

DIAGRAM INSTRUCTIONS

All diagrams must be submitted on 8-1/2" x 11" sheets of paper.

Do not use graph paper as this cannot be clearly scanned.

Interior Diagrams

Each and every floor should have its own diagram (including any floor used for the storage of alcoholic beverages or office space where books and records are maintained.) Label each floor (e.g., basement, ground floor, second floor, etc.). Each floor should be on its own page.

Provide the interior and exterior dimensions of the premises, including the length of all bars and other prominent fixtures.

Label **all** rooms, including but not limited to: storage rooms, offices, dining areas, kitchen/food preparation areas, restrooms, etc.

Show any outside dining/service areas on the Interior Diagram for the appropriate floor (e.g., sidewalk cafe, deck, porch, roof, etc.). Show details as to how this area will be contained and supervised. **Note:** the outside area must be connected to the premises to be licensed, and cannot be divided by any passageway over which the applicant does not have exclusive control. The outside area must be enclosed by a physical barrier that restricts patrons from entering and exiting the area. If you are including municipal space, you must also submit the following:

- a copy of the permit or written authorization to sell and/or serve food on such contiguous or non-contiguous municipal space
- a copy of the permit application submitted to the municipality to obtain such municipal permit
- proof of workers' compensation insurance for all employees
- proof of liability insurance to provide coverage for "injury sustained by persons on the contiguous municipal public space or non-contiguous municipal public space used by the licensee and, if applicable, persons and cyclists using or crossing a bike thoroughfare that connects the licensed premises to the non-contiguous municipal space used by the licensee."

Show all interior and exterior walls, entrances and exits, stairways, elevators, trap doors, restrooms, display windows or other openings, counters, closets, shelves, storage areas and any other notable features. Leave space between the exterior walls and paper's edge.

If the premises occupies a portion of a floor, depict the entire floor of the building and show the proposed licensed premises' location on the floor. Show all points of access to and from the premises and label any shared/common areas.

Block Plot Diagram* (aerial view of the building, with nearby businesses and residences labeled)

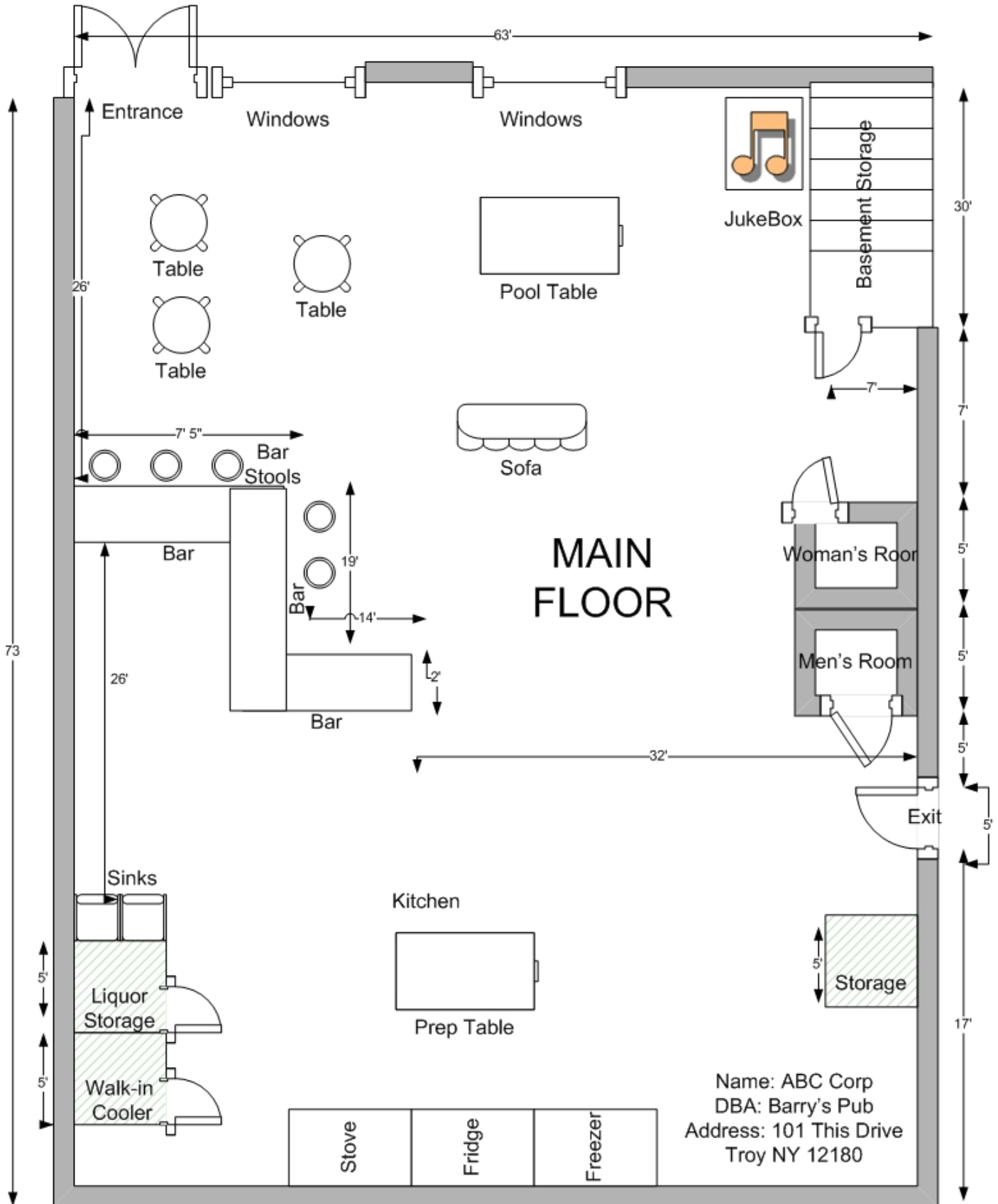
**Only required for establishments that are applying for a license that permits on premises consumption of liquor*

Show all other buildings, parking lots, empty lots, etc. Make sure that you label each building (e.g., nail salon, church, residence, etc.)

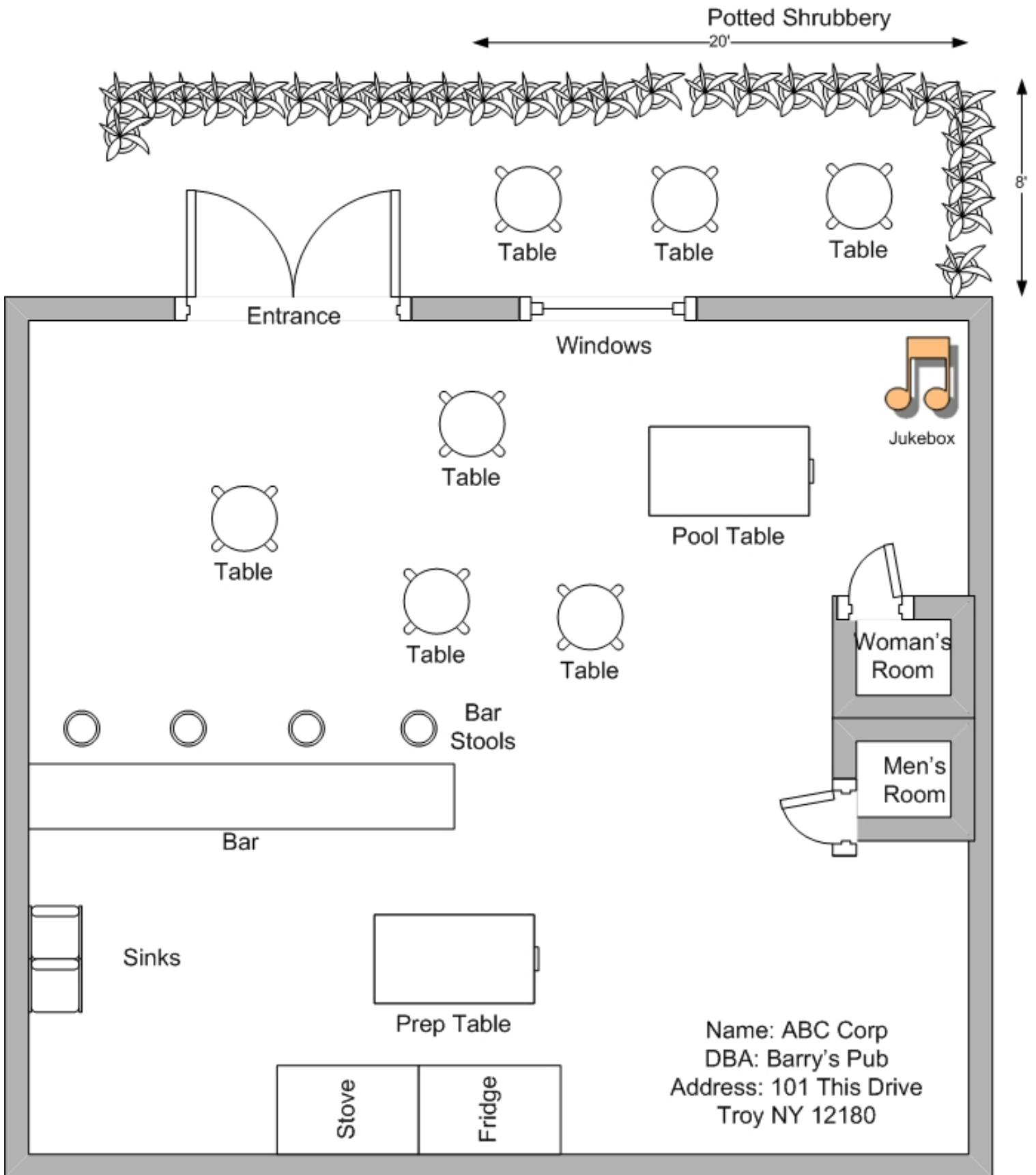
Label the streets by name and include the intersections at either end of the block when possible.

Include all places of worship and schools and all on-premises liquor establishments within 500 feet of the proposed premises.

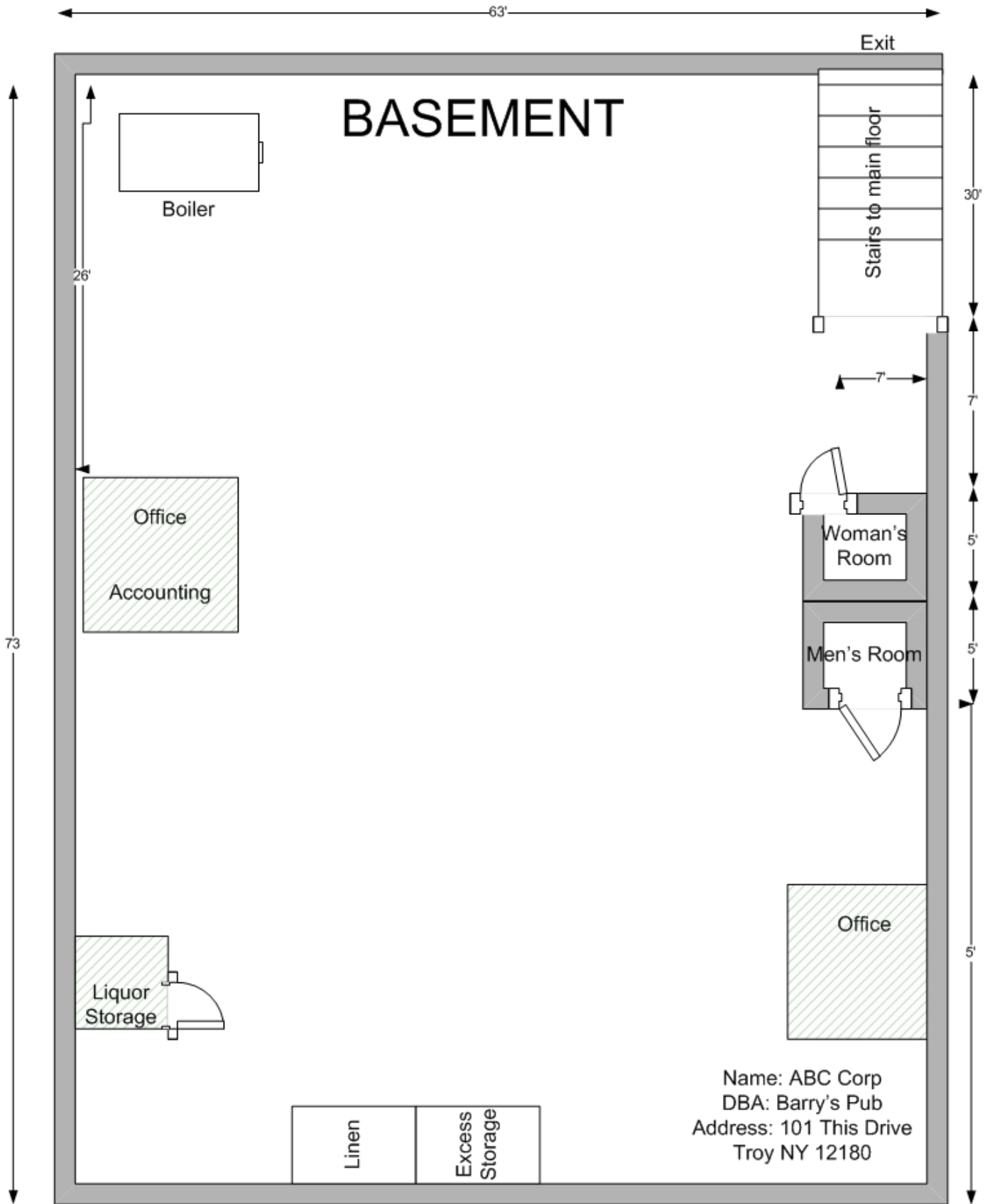
EXAMPLE INTERIOR (GROUND FLOOR)



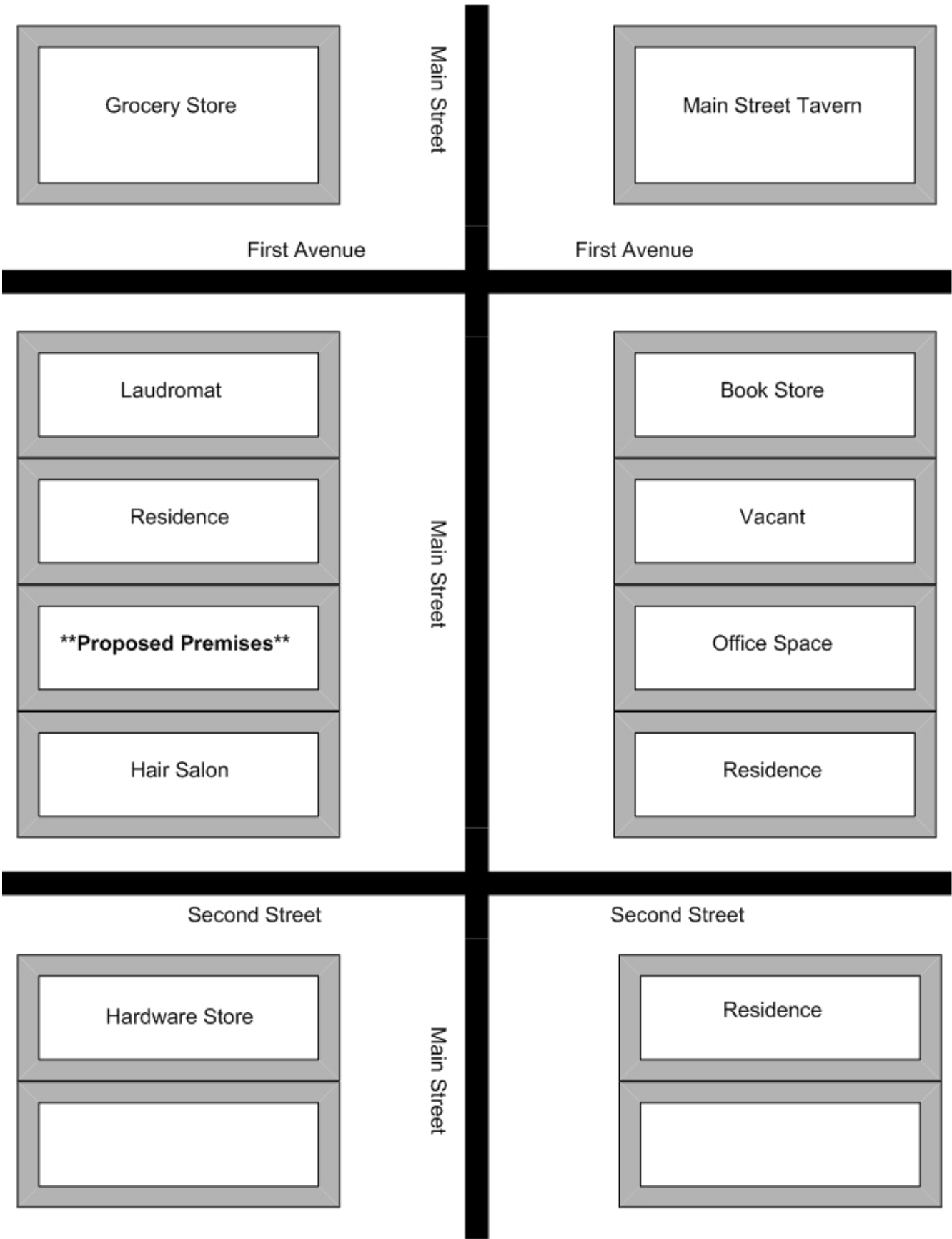
EXAMPLE INTERIOR WITH OUTDOOR AREA (GROUND FLOOR)



EXAMPLE INTERIOR (BASEMENT)



EXAMPLE OF A BLOCK PLOT DIAGRAM (CITY/TOWN)



EXAMPLE OF A BLOCK PLOT DIAGRAM (RURAL AREA)

