



Application for a Change in Class
to an On Premises 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) Standardized Notice Form for providing 30 days advance notice to the municipality/community board with proof of delivery
- c) 500’ Law – On Premises Liquor license applicants only – provide the names and addresses of all on premises licensees within 500’ of the proposed premises.
- d) Statement of Area Plan
- e) Establishment Questionnaire
- f) Method of Operation
- g) Applicant’s Statement
- h) Newspaper Affidavit

- 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 (if the proposed license type is any On-Premises Liquor license) 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
- 7) List of all members (required For-Profit Clubs only)

THE STANDARDIZED COMMUNITY BOARD/MUNICIPALITY NOTICE FORM AND PROOF OF MAILING MUST BE SUBMITTED WITH THIS APPLICATION

Please note that per Section 110(b) of the ABC Law all on-premises applicants (whether applying for beer; beer & wine; or beer, wine & liquor) are required to notify the Municipality or Community Board not more than 270 days prior to filing the application with the New York State Liquor Authority. (The Standardized Notice Form for providing a 30-Day Advance Notice to a Local Municipality or Community Board is available on our website, www.sla.ny.gov.)

If you are currently licensed as a “Club” and applying for a license that will allow you to be open to the public, you must also provide Personal Questionnaires, color photos, proof of citizenship and photo identification for all principals. After application acceptance, all principals must be electronically fingerprinted (instructions will be provided on the application Filing Receipt and are also available on our website, www.sla.ny.gov).

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: _____



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

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"/>

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

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

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:

Name	License ID Number
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21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Principal Signature:

Date:

OFFICE USE ONLY		
<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.

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

STATEMENT OF AREA PLAN
200 Foot Law

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

<p>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET</p> <p>2. Is the premises within 200 feet of <u>ANY SCHOOL, CHURCH or PLACE OF WORSHIP?</u> (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)</p> <p style="text-align: center;">Yes No</p> <p>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")</p>

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

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

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 Date _____
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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, 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.

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

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:

10. By checking this box, I attest that this for-profit club has 100 or more members: Yes N/A

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>

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.

By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Date

Applicant Signature



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.

By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Signature

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:

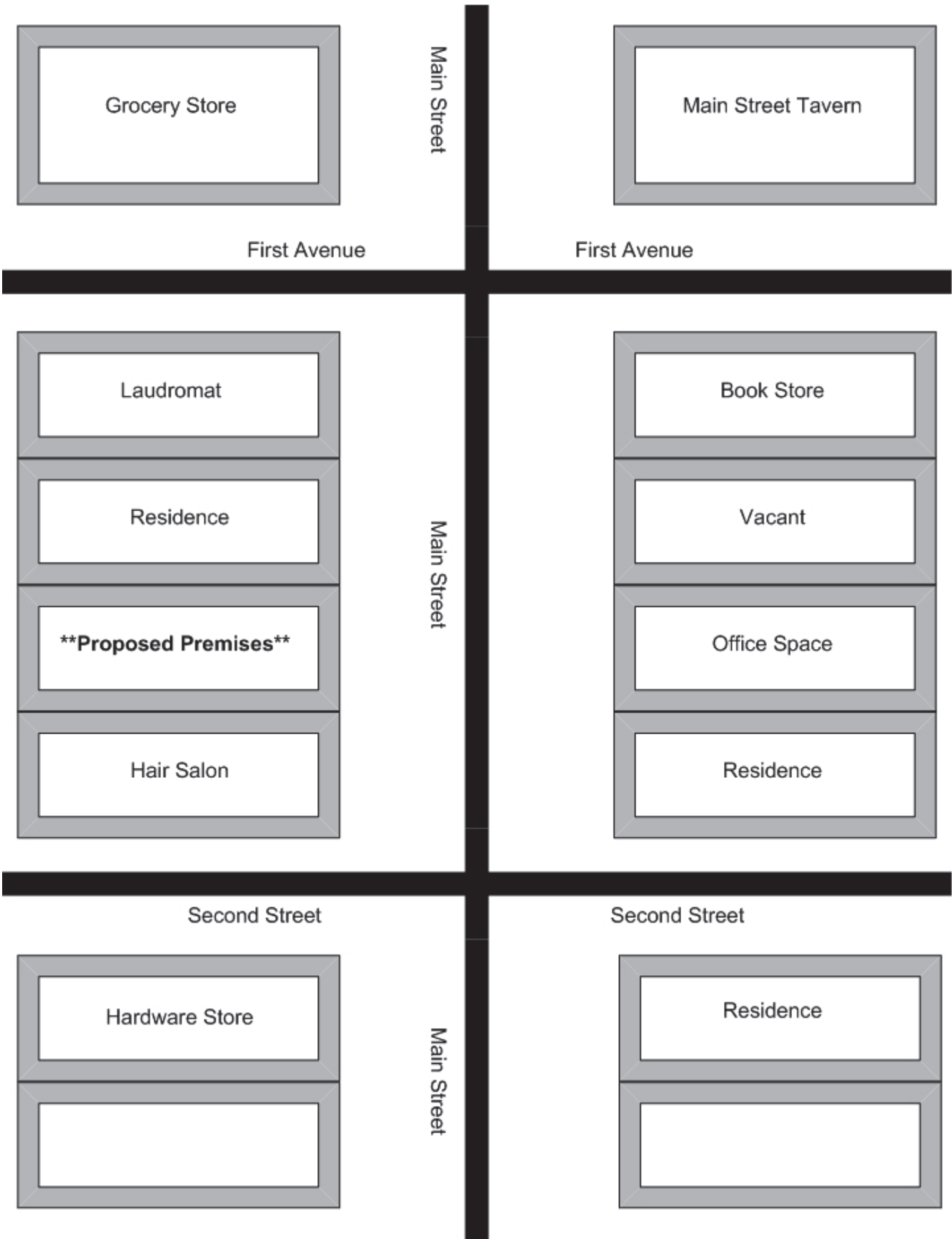
STATE OF NEW YORK

COUNTY OF _____

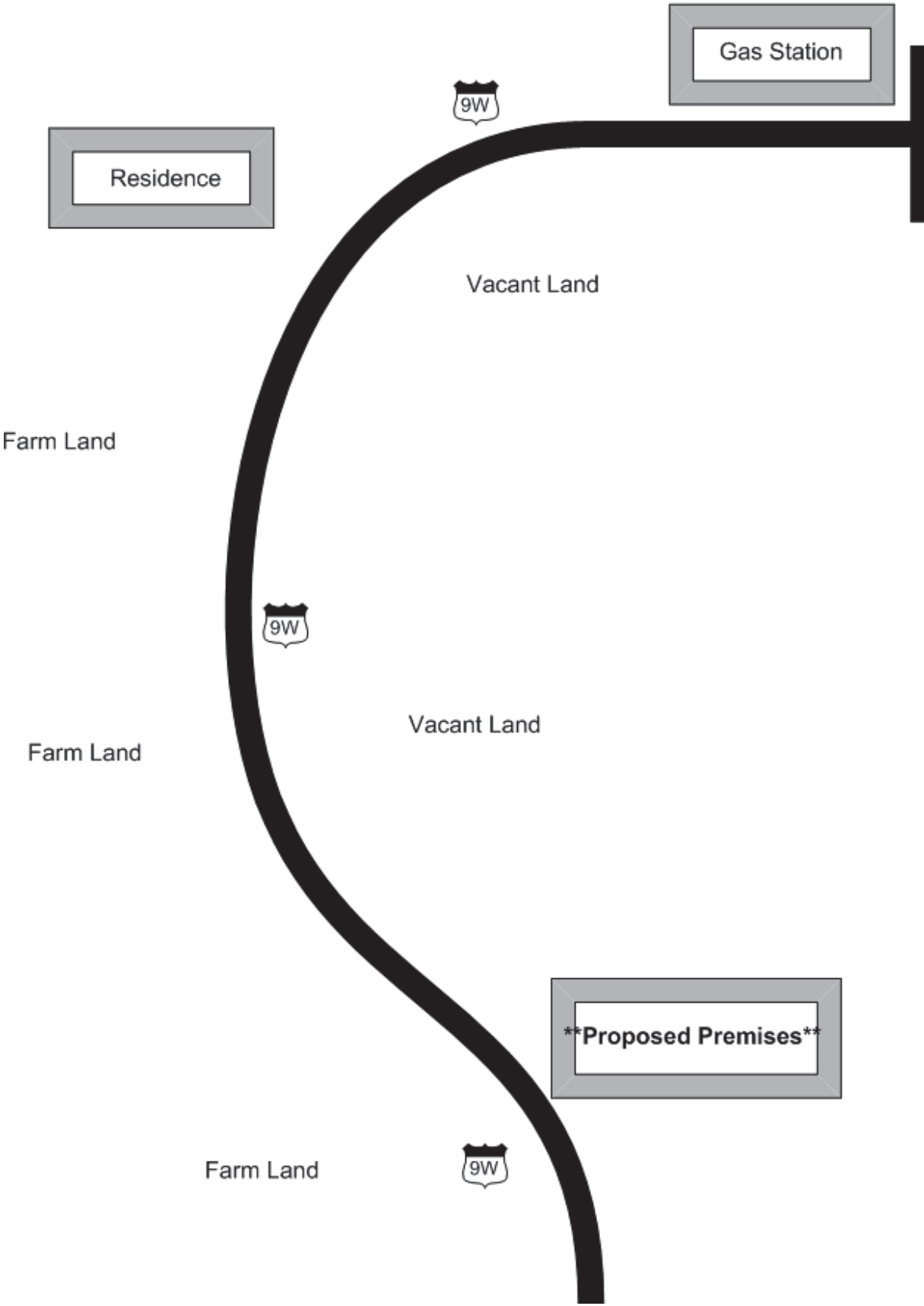
_____ of _____ being duly sworn, says that (s)he is _____ of the publishers of the _____, a (daily) or (weekly) newspaper (printed and) published in the (city, town, village or county) _____, and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week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

Sworn to before me this _____ day of _____

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: