

# ALTERATION FOR ADDING OR REMOVING CONTIGUOUS AND/OR NONCONTIGUOUS MUNICIPAL PUBLIC SPACE

## On-Premises Establishment

**This application must be emailed to the State Liquor Authority at:  
municipalspace@sla.ny.gov**

**NO FEE IS REQUIRED**

### **This application must be accompanied by the following:**

A copy of a permit or written authorization to sell and/or serve food on such contiguous or non-contiguous municipal space provided by their municipality

A copy of the permit application submitted to the municipality to obtain such municipal permit

A diagram depicting both the licensed premises and the contiguous and/or non-contiguous municipal space to be used by the licensee. The diagram must include seating.

Completed proof of the mailing or delivery of the Standardized Notice Form for providing notice to the Community Board municipality for adding contiguous and/or non-contiguous space.

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 public space used by the licensee."

Photographs of the newly added areas including seating, showing they are ready to open and operate.

***"Contiguous municipal space" is defined as space that:***

- i) is located in front of, behind, or to the side of the licensed premises; and***
- ii) is within the property boundaries of the licensed premises as extended out - or within the property boundaries of the nearest adjacent properties on either side; and***
- iii) otherwise complies with all applicable federal, state and local requirements.***

***"Non-contiguous municipal space" is defined as space that:***

- i) is located in front of, behind, or to the side of the licensed premises; and***
- ii) is within the property boundaries of the licensed premises as extended out - or within the property boundaries of the nearest adjacent properties on either side; and***
- iii) does not extend further than the mid-line of any public roadway; and***
- iv) is separated from the licensed premises only by one or more of the following: a pedestrian thoroughfare primarily restricted to use by bicycles, or a portion of a thoroughfare with such restrictions; and***
- v) otherwise complies with all applicable federal, state and local requirements.***

***Licensees choosing to utilize non-contiguous municipal public space that includes a bike lane as part of their licensed premises now have a statutory requirement to post warning signs for their customers in that space prior to and while utilizing the space for service of patrons, in at least seventy-two point bold face type font, that states:***

**"CAUTION: BICYCLE LANE"**

**Alcoholic beverages may not be kept or sold in any added space until the Alteration is approved.**



# ALTERATION FOR ADDING OR REMOVING CONTIGUOUS AND/OR NON-CONTIGUOUS MUNICIPAL PUBLIC SPACE

This application must be emailed to the State Liquor Authority at: [municipalspace@sla.ny.gov](mailto:municipalspace@sla.ny.gov)

**NO FEE IS REQUIRED**

**The licensee named below hereby requests the permission of the State Liquor Authority to add contiguous and/or non-contiguous space to the licensed premises as set forth below.**

License ID #:

County:

Phone #:

Full name of Licensee as listed on the License:

Trade Name (DBA) as listed on the License:

Address of the Licensed Premises:

City:

Zip Code:

Business Email Address:

Post Office/Mailing Address (if different than premises):

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Describe contiguous and/or non-contiguous space to be added or removed (describe all changes fully. If more space is needed, attach additional sheets):



# APPLICATION FOR PERMISSION TO MAKE ALTERATIONS FOR ADDING CONTIGUOUS AND/OR NON-CONTIGUOUS SPACE

Provide the dimensions of the space to be added:

The undersigned, each for himself, certifies that he/she is the applicant above named; that he/she knows the contents of the above application and the statements contained therein and the same are true of his/her own knowledge.

certifies that he/she is

(Print Name)

(Title)

of the above named applicant corporation; that he/she knows the contents of the above application and the statements and answers therein; that the same are true of his/her knowledge; that he/she has been authorized, by order of the Board of Directors of said applicant corporation to make the statements and answers in this application on behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself. The undersigned also certifies that he/she will meet all local code requirements of the municipality in which the premises is located and obtain any necessary permits required of him/her in order to perform the alteration within the boundaries of the law.

*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 of Authorized Principal and/or each Partner)

(Date)

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

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

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## ESTABLISHMENT QUESTIONNAIRE

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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 Serial 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 Serial 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.**

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



Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

- 1. Date Notice Was Sent: 1a. Delivered by:
2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space

This Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality:

Licensee Information

4. License ID Number:

6. License name:

7. Trade Name (if any):

8. Street Address of Establishment:

9. City, Town or Village:

,NY Zip Code :

10. Business Telephone Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

12. Describe municipal space to be added:

12a. What date did you apply for a municipal permit?

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name:

14. Street Address:

15. City, Town or Village:

State:

Zip Code :

16. Business Telephone Number of Representative/Attorney:

17. Business Email Address :

I am the licensee that is applying for the permit and I certify that I know the contents of the above 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 licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

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

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.

18. Printed Name:

Title:

Signature:

The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space. Please forward any concerns regarding the issuance of the alteration to the attention of The New York State Liquor Authority by e-mail: community@sla.ny.gov




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## APPLICANT STATEMENT

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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.

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Signature

Date