NEW YORK STATE | Liquor Authority

Permit

NEW YORK STATE LIQUOR AUTHORITY

INSTRUCTIONS & APPLICATION
for
SUNDAY ON-PREMISES SALES PERMIT

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DIRECTIONS FOR COMPLETING THE PERMIT APPLICATIONS

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

Completed applications and any supporting information should be mailed to:

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

Description of Sunday On-Premises Sales Permit

Sunday On-Premises Sales Permit - Authorizes an on-premises licensee to sell alcoholic beverages for consumption on the licensed premises on Sunday between the hours or 8am and 10am. The applicant may apply for up to **twelve (12)** permits per calendar year, the permit is limited to on-premises locations in cities outside of New York City.

The Sunday on-premises sales permit fee is **$35 per day** (If the permit is disapproved a $10 filing fee will be deducted from the refund for each permit)

Applicants must notify their local municipality of their intent to apply for the Sunday on-premises sales permit at least 30 days prior to the submission of the permit application by using the attached notification form. A copy of the completed notification along with proof of mailing or hand delivery from the municipality must be submitted with the application. Failure to include the notification form AND proof of mailing or submitting the application without waiting the required 30 days since notifying the municipality may result in disapproval of the application.

To provide adequate processing time, applications must be submitted at least 15 days prior to applied for permit date(s).

Sunday On-Premises Sales Permit

License ID Number: Date(s) of permit:

Name of licensee :
(as it appears on license)

Trade Name (DBA):

Business address Street:

City: , NY Zip Code: County:

Applicant e-mail address:

Mailing Address if different:

City: State: Zip Code:

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY AN AUTHORIZED PRINCIPAL OF THE LICENSED PREMISES.

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 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 Title

Print Name Date

[OFFICE USE ONLY] ☐ APPROVED ☐ DISAPPROVED

NEW YORK STATE | Liquor Authority

Sunday On- Premises Sales Permit

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Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality for Sunday On-Premises Sales Permit(s)

1. Date Notice Was Sent: _____ 1a. Delivered by: _____

2. This form must be submitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality: _____

Licensee Information

4. License ID Number: _____ 5. Permit Date(s): _____

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 Fax Number of Applicant/Licensee: _____

12. Business E-mail of Applicant/Licensee: _____

Representative or Attorney representing the licensee in connection with this permit

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.*

Printed Name: _____ Title _____

Signature: _____

The above captioned on-premises licensee is applying for a permit with the State Liquor Authority to sell alcoholic beverages on their premises on Sunday between the hours of 8AM to 10AM for the date indicated above .

Please forward any concerns regarding the issuance of this permit to the attention of The New York State Liquor Authority, Permit Unit fax: (518) 474-9804 or e-mail licensing.information@sla.ny.gov