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APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (LIQUOR or WINE STORE) 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 100(7) 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".

All Applicants MUST submit the following Sections of the Retail License Application upon filing of the application:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application (Pages 2-3) <input type="checkbox"/> Right to Premises <input type="checkbox"/> Landlord Identification <input type="checkbox"/> Financial Disclosure <input type="checkbox"/> Establishment Questionnaire <input type="checkbox"/> Method of Operation <input type="checkbox"/> Statement of Area Plan | <ul style="list-style-type: none"> <input type="checkbox"/> Liquor/Wine Store Questionnaire <input type="checkbox"/> Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder etc.) <input type="checkbox"/> Notice of Appearance (if represented by someone other than the applicant) <input type="checkbox"/> Applicant's Statement |
|--|--|

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

- Bond, Form L-9 (signed by the applicant and expiring at the end of the initial licensing term)
- Detailed Diagrams which include Interior, Block Plot, and Area Map (See Diagram Instructions and Examples and the end of this application.
- Investment Records showing the source and availability of the funds to be used for the venture
- Lease/Deed/Contracts (any applicable for this venture) You must provide proof that you have full control over the premises.
- Photo Identification for all applicant Principals (copies only)
- Photos of applicant Principals
- Photos of the proposed premises (exterior and interior)
- Photos showing the Notice that an application to sell liquor at retail has been posted pursuant to ABC Law 100(7)
- Proof of Citizenship for all applicant principals NOT currently licensed with the NYS Liquor Authority (copy of Birth Certificate, US Passport, Certificate of Naturalization, Permanent Resident Card)

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

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Assumed Name Filing Receipt (if DBA is used) <input type="checkbox"/> Certificate of Authority to Collect Sales Tax <input type="checkbox"/> NYS Department of State Corporate Filing Receipt or Business Certificate from the County Clerk if Sole Proprietor or Partnership | <ul style="list-style-type: none"> <input type="checkbox"/> Worker's Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage <input type="checkbox"/> Photos of the premises showing ready to open and operate |
|--|--|

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APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (LIQUOR or WINE STORE)

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:

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" Otherwise write "N/A"

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:

Applicant 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):

Is this application filed under the Attorney Certification Program? Yes No

3. LICENSE TYPE: **CODE:**
(see schedule of fees)

Select one of the appropriate option regarding the business and premises:

4. TOTAL PAYMENT DUE:

5. Federal Tax ID #:

6. Certificate of Authority to Collect NYS Sales Tax - List # If Issued: Pending

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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
<input style="width: 100%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>			

8. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

List the names and address or Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Note:

***if 10 or less shareholders**, list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***if more than 10 shareholders**, list all shareholders/LLC members directly or indirectly owning 10% or more of any class of its shares. Also, include all officers, directors, LLC managers, and trustees of the applicant company/corporation. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. All other owners with less than 10% ownership interest must be disclosed in a list which includes their names, addresses, and percentage of ownership. Provide a written affirmation that all of the owners with less than 10% interest are eligible to hold a liquor license and none have statutory disqualifications that would bar them from being licensed.

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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 listed 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, 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, state the names and address of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			

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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:

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 of the Landlord Principals currently or previously licensed under the ABC Laws?

Yes No

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any of the Landlord Principals police officers?:

Yes No

If yes, list names below:

Name

Name

7. 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 (i.e.: 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 account 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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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:
 (i.e.. Residential, Business, Mixed)

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:

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

b. Name of Licensee: License Serial Number:

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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(i.e. 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, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc. YES NO

If YES, describe:

3f. What is the square footage of the proposed premises:

3g. Will the proposed business have a "bullet-proof configuration," where the inventory and personnel are located behind protective glass or other barrier? YES NO

Mark the interior diagram to reflect how each door of the premises is to be used (i.e. public entrance, emergency exit only, deliveries, etc.).

Section 105(2) of the Alcoholic Beverage Control Law requires that liquor/wine stores have only one (1) public entrance that is located at street level and on a public thoroughfare. There may be one (1) additional public entrance that is located at street level and gives access to and from a public or private parking lot that has space for not less than five (5) automobiles.

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PROPOSED METHOD OF OPERATION

The information provided 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. Select the type of establishment you are applying for from the list below (based upon your intended method of operation):

- Liquor Store Wine Store

2. Will any other business of any kind be conducted in said premises? YES NO

(If YES, provide details on a separate sheet)

3. Will the business employ a manager? YES NO

3a. If NO, will principal(s) manage? YES NO

4. How many employees? (Excluding principals)

4a. If answer is "0" provide explanation.

5. Will applicant engage in internet sale of alcoholic beverages? YES NO

5a. If "Yes" provide a detailed description of the proposed internet model. Attach additional sheets if necessary:

6. NYS Law requires businesses to carry workers' compensation and disability insurance. *(see instructions)* If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996.

ALCOHOLIC BEVERAGES MAY ONLY BE SOLD 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://www.sla.ny.gov/provisions-for-county-closing-hours>

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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?** Yes
 (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) No
3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship (8½" 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 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.

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LIQUOR / WINE STORE QUESTIONNAIRE

Package/Wine Store applicants for premises NOT currently licensed must complete this section .

1. List the four closest package and/or wine stores and distance from the proposed premises location (IN MILES OR FEET).

A.	Name of Licensee and Serial Number:	
	Address:	
	Address:	
	Distance:	

B.	Name of Licensee and Serial Number:	
	Address:	
	Address:	
	Distance:	

C.	Name of Licensee and Serial Number:	
	Address:	
	Address:	
	Distance:	

D.	Name of Licensee and Serial Number:	
	Address:	
	Address:	
	Distance:	

Submit an Area Map using a single 8½" x 11" sheet of paper which shows the proximity of the stores listed above to the applied for premises and to each other. You may use internet map applications as long as the area map is clearly labeled and the distances between stores are clearly indicated (measurements should be by walking/driving directions, not a straight line)

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PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.
(Lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** 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. STATEMENT OF IDENTIFICATION

Print **YOUR** name: Date of birth Social Security Number

Residence street address County

City State Zip Code Residence Telephone Cellular Phone

E-mail Address (Required): U.S. Citizen Yes No If NOT U.S. citizen - country of citizenship

If ALIEN, registration number or VISA type List any other names that you may have been known by (including maiden name)

HEIGHT <input style="width: 100px; height: 20px;" type="text"/> WEIGHT <input style="width: 100px; height: 20px;" type="text"/> SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	HAIR COLOR <input style="width: 100px; height: 20px;" type="text"/> EYE COLOR <input style="width: 100px; height: 20px;" type="text"/>	MARITAL STATUS <input style="width: 150px; height: 20px;" type="text"/> SPOUSE NAME <input style="width: 150px; height: 20px;" type="text"/> SPOUSE'S SOCIAL SECURITY #: <input style="width: 100px; height: 20px;" type="text"/>
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2. Position (or interest) you will hold (check each):

- | | | |
|--------------------------------------|--|--|
| <input type="radio"/> President | <input type="radio"/> Director | <input type="radio"/> Stockholder ⇒ <input style="width: 80px; height: 20px;" type="text"/> Number of shares owned |
| <input type="radio"/> Vice President | <input type="radio"/> Manager | <input type="radio"/> LLC Member ⇒ <input style="width: 80px; height: 20px;" type="text"/> Percentage of ownership |
| <input type="radio"/> Secretary | <input type="radio"/> Partner | <input type="radio"/> LLC Manager |
| <input type="radio"/> Treasurer | <input type="radio"/> General Partner | <input type="radio"/> Lender* |
| <input type="radio"/> Chairman | <input type="radio"/> Limited Partner | <input type="radio"/> Donor* |
| <input type="radio"/> Officer | <input type="radio"/> Sole Proprietor | <input type="radio"/> Guarantor* |
| <input type="radio"/> ABC Officer | <input type="radio"/> Joint Account Holder | |
| <input type="radio"/> Other | | |

*If Lender, Donor or Guarantor 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 (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to the present date. Also, list any employment history that shows experience in the alcohol industry. If you were unemployed at anytime in the past 5 years, include those date ranges. Add additional sheets if necessary.

From (month/year)	To (month/year)	Employer
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Position	Employer Address	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Type of business		
<input style="width: 95%; height: 25px;" type="text"/>		
From (month/year)	To (month/year)	Employer
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Position	Employer Address	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Type of business		
<input style="width: 95%; height: 25px;" type="text"/>		
From (month/year)	To (month/year)	Employer
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Position	Employer Address	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Type of business		
<input style="width: 95%; height: 25px;" type="text"/>		

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Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) 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, explain 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, provide information below:

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

continued on next page

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Print **YOUR** Name

5(d) Other than as itemized in 5c above, have you ever applied in New York State or anywhere for Yes 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 No a principal?

If YES, provide information below:

Name of applicant	Address of premises	Date of filing
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Serial Number	Disposition
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Name of applicant	Address of premises	Date of filing
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Serial Number	Disposition
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Name of applicant	Address of premises	Date of filing
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Serial Number	Disposition
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Name of applicant	Address of premises	Date of filing
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Serial Number	Disposition
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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

If YES, state action and date of action, and give details:

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

If YES, provide details

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Print **YOUR** Name

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

(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 disqualification) which would forbid a person to traffic in alcoholic beverages?

YOU	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

If YES, supply details

(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 impaired (DWAI)?

YOU	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

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

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

(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	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Not Applicable	<input type="radio"/> Not Applicable

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

(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

7. Do you have any relationship with the current licensee, any previous licensee, or principals of these licensees? Yes No

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

8. Signature: _____

Dated _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	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. This 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 serial number:

Sellers 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 conditions must be complied 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: _____

Serial No. _____	OFFICE USE ONLY - DO NOT WRITE IN THIS BOX		
Seller on COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inventory attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Lic Surr or Sk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SLA ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: _____	Date: _____	Page 17



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

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. *This form is subject to all the rules and regulations of the Freedom of Information Law. Information that is confidential as a matter of law need not be furnished.*

Agency: **Date** _____

Division/Bureau:

1. Name of individual appearing:

Address:

Telephone:

Email:

2. Client represented:

Address:

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, Check FEE or SALARY **FEE** **SALARY**

6. Signature of individual appearing: _____

7. Agency official (print name): _____

Signature: _____

*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.

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

APPLICANT'S 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



Original



OFFICE USE ONLY

Amended

Date _____

DIAGRAM INSTRUCTIONS

All diagrams must be submitted on 8 ½" 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 (basement, ground floor, second floor, etc.)

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, retail areas, bathrooms, etc.

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

If the premises occupies a portion of a floor, depict the entire floor of the building and show the proposed licensed premise's 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/residences labeled)

Show all other buildings, parking lots, empty lots, etc. Make sure that you label each building (i.e.. Nail Salon, Church, Residence)

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

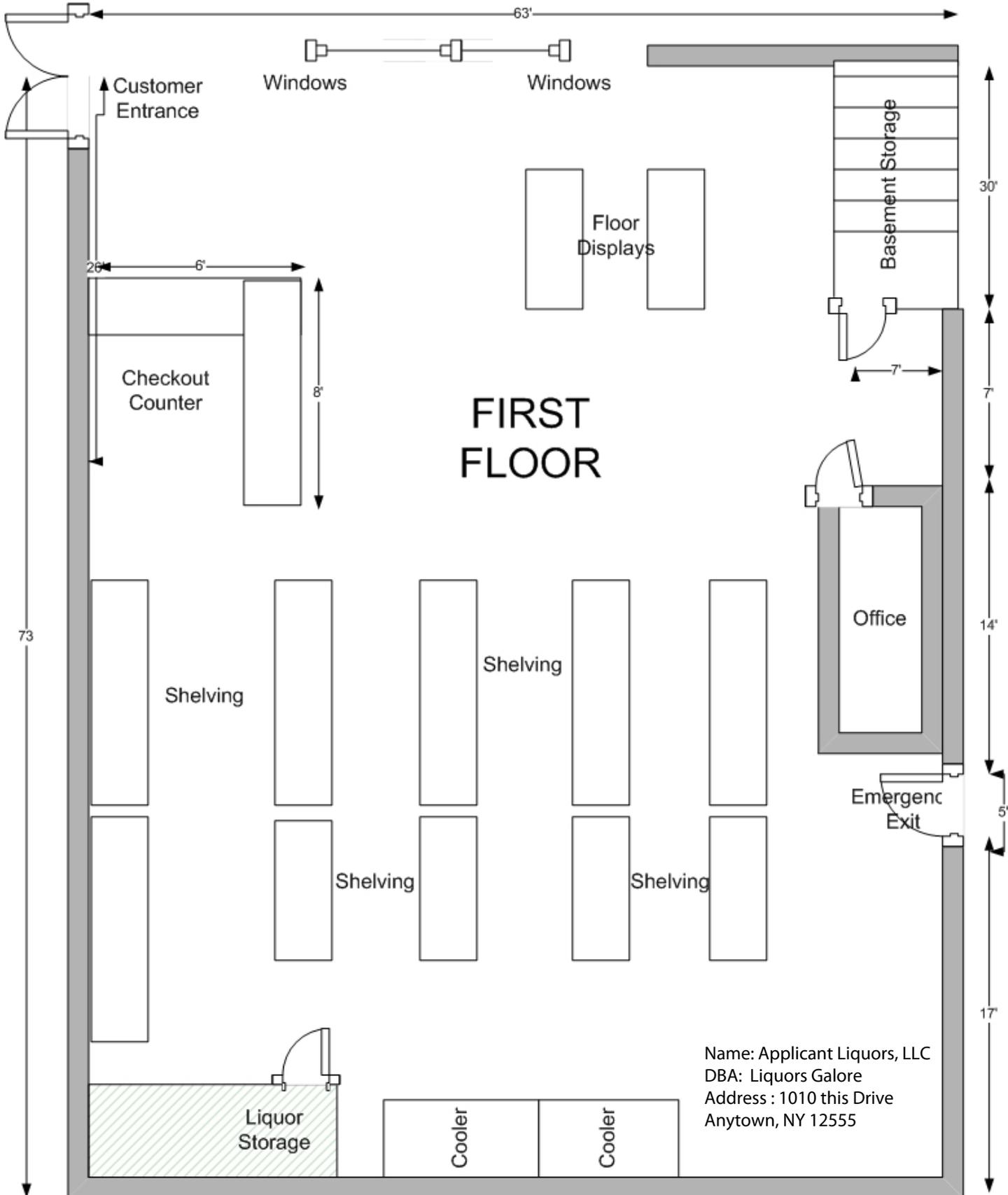
Include all places of worship and schools and all on-premises liquor establishments within 500 feet of the proposed premises.

Area Map

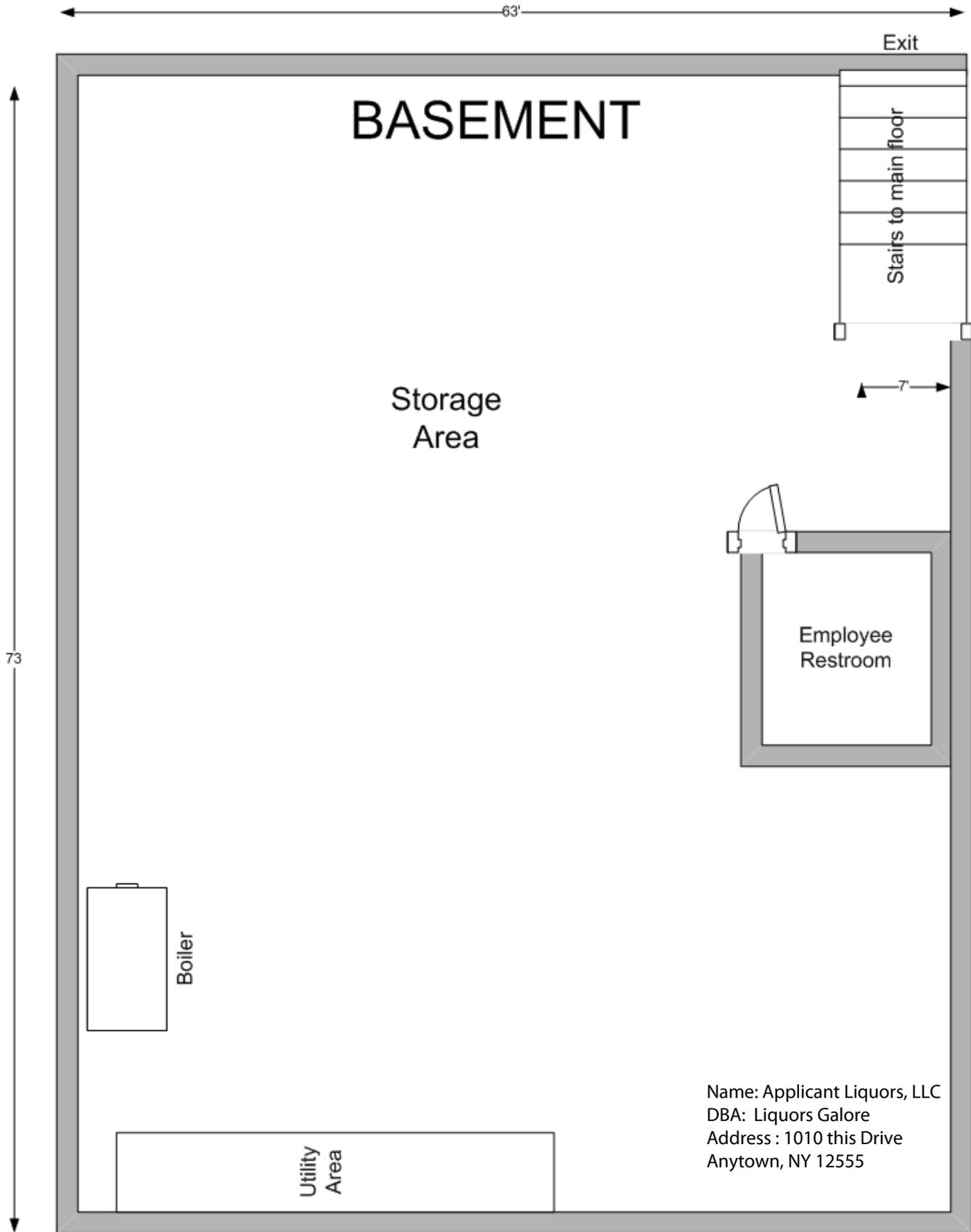
Indicate the location of the proposed licensed premises.

Show the names, locations, and distance from applicant premises for each of the four closest licensed liquor and wine stores. The distance should be measured using the most direct driving/walking directions between the premises.

EXAMPLE INTERIOR OF LIQUOR/WINE STORE (GROUND FLOOR)

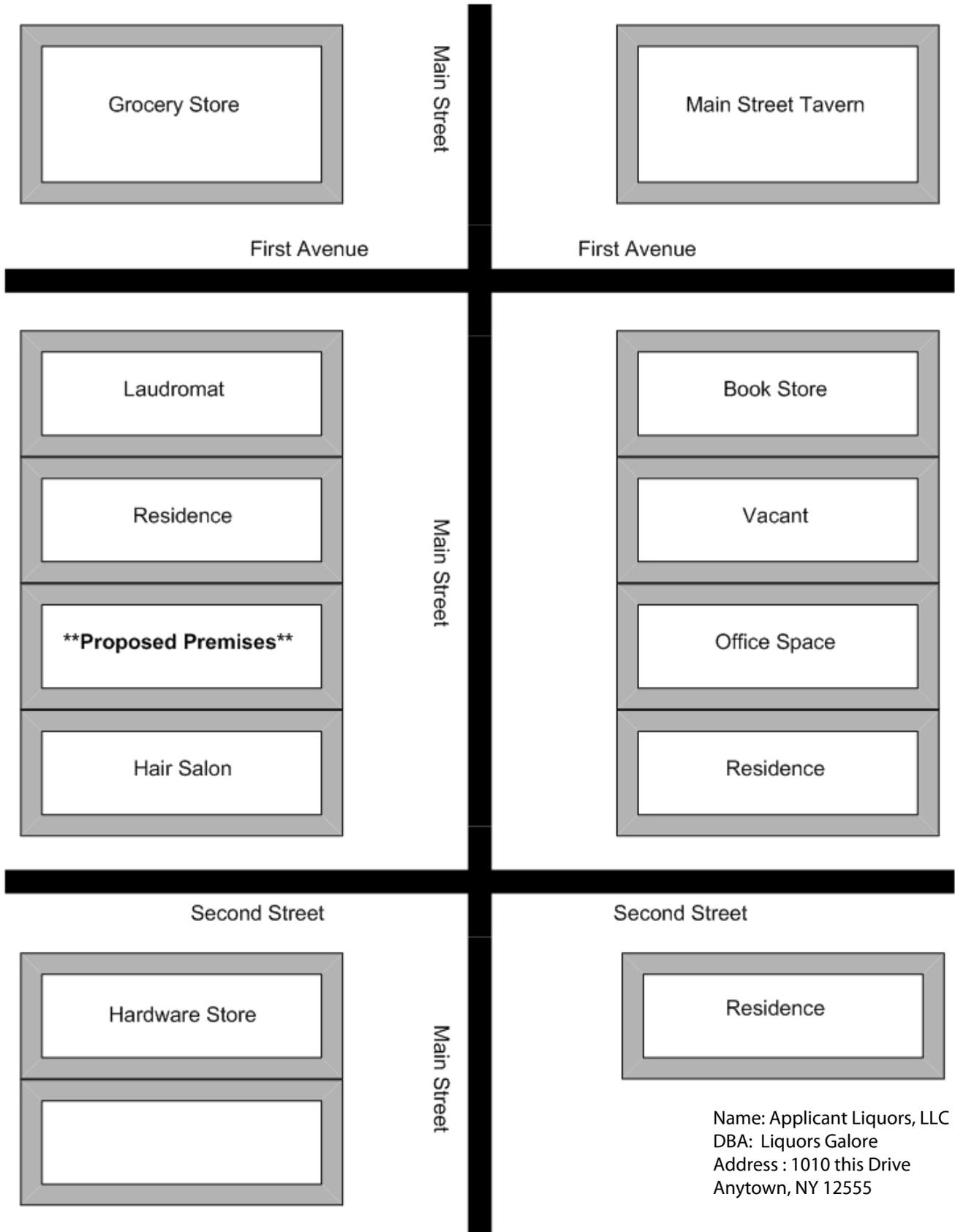


EXAMPLE INTERIOR OF LIQUOR/WINE STORE (BASEMENT)



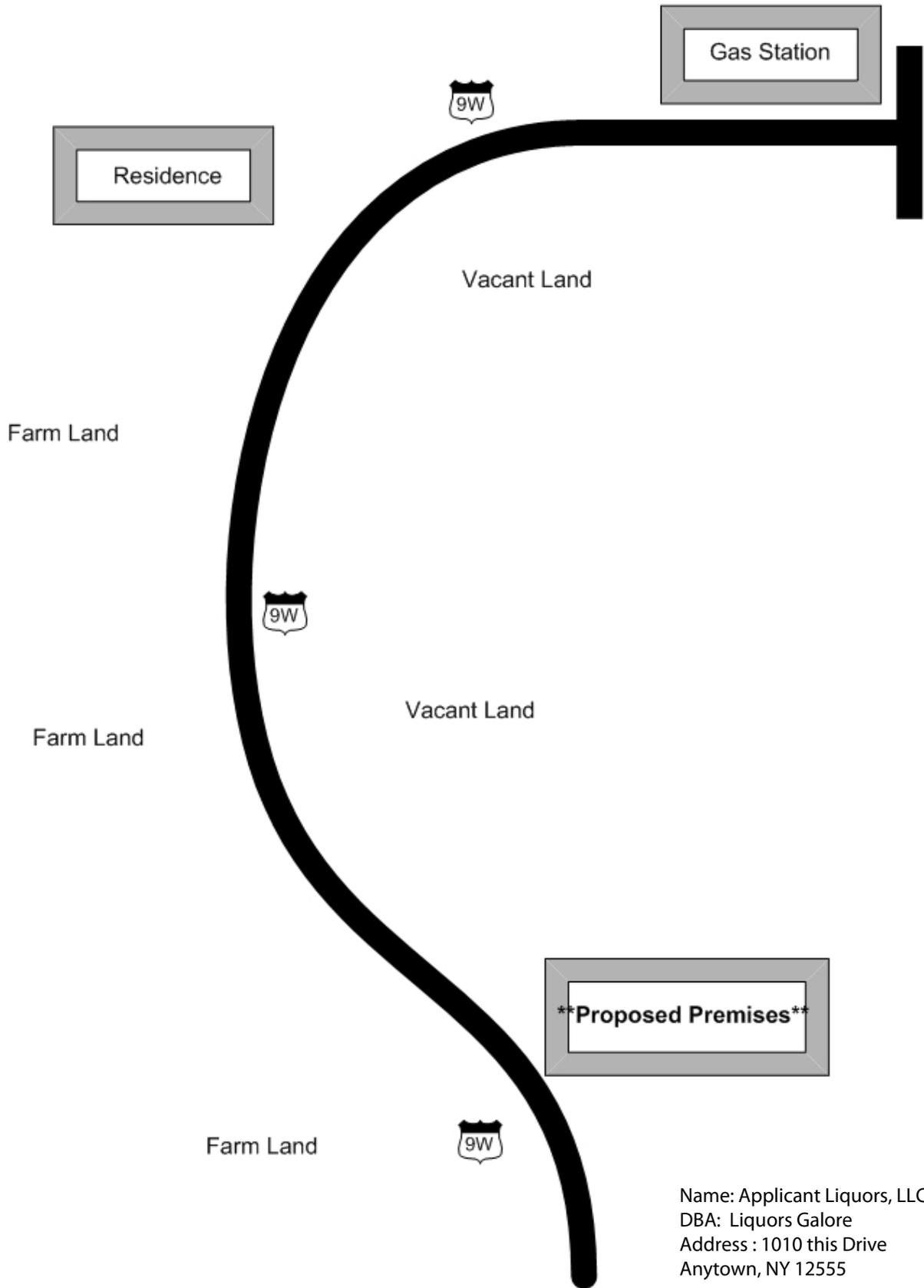
OFFICE USE ONLY
 Original Amended Date _____

EXAMPLE OF A BLOCK PLOT DIAGRAM (City/Town)



Name: Applicant Liquors, LLC
DBA: Liquors Galore
Address : 1010 this Drive
Anytown, NY 12555

EXAMPLE OF A BLOCK PLOT DIAGRAM (Rural Area)



Name: Applicant Liquors, LLC
DBA: Liquors Galore
Address : 1010 this Drive
Anytown, NY 12555

<input type="radio"/> Original	<input type="radio"/> Amended	OFFICE USE ONLY Date _____
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EXAMPLE OF AREA MAP

(Four Closest Off premise Liquor/Wine Stores)

