

Master File Application
Request for Master File Status
Retail Grocery and Retail Drug Stores Only

This is to facilitate the handling and licensing transactions of multi-grocery and multi-drug store licenses. Master File Status will enable applicants to use S.L.A. Form 180-053 to file for new license locations under one Master File.

REQUIREMENTS:

Applicants must be the licensee of at least 5 establishments within New York State, that have been licensed for at least 3 years. Every active license of the applicant within New York State must be listed in the Request for Master File Status.

CONDITIONS:

- 1) All licenses listed in the Master File will have concurrent expiration dates.
- 2) The applicant will be assigned a Master File control Serial number by the New York State Liquor Authority and will use this number to report changes to its business organization that affected the license.
- 3) The business organization granted Master File status will make a certification concerning the inventory and bona fide operation of each of its separate licenses.
- 4) A separate license certificate will be issued for each location granted under the Master File Status.
- 5) The business organization granted Master File status will designate the name and position of its employee and its business office address to which all license and disciplinary correspondence may be addressed.
- 6) Master File status is granted at the discretion of the New York State Liquor Authority and may be withdrawn at any time.

APPLICANT

Name of Licensee: _____

Licensee Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ FEIN Number: _____

CONTACT

Name of Contact: _____ Attorney Representative Contact Person

Office Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number of Office (include Area Code): _____

E-Mail Address: _____

OFFICE USE ONLY:

Assigned Master File Serial Number: _____ Assigned Concurrent Expiration Date: _____

DIRECTIONS:

- I. This request must be filed with the New York State Liquor Authority, 80 South Swan St, Suite 900, Albany, New York 12210-8002. The request must be accompanied by a list that includes all of your active licenses of record with the New York State Liquor Authority, together with the license fee which you have paid.

To accomplish Master File status, your current licenses must be amended to a new concurrent expiration date. The term of the combined licenses which permit the sale of beer and wine products will be amended. Licenses to sell beer only will be converted to combined licenses. The term and type of the license will be adjusted by conversion. The Authority will recalculate the balance due and advise the person designated by the business organization.

II.

- 1) Check the type of license currently held: () Retail Grocery Store () Retail Drug Store
- 2) Has any change in facts occurred in the ownership of your business organization since your last license was approved which has not been approved by the NYS Liquor Authority? () No () Yes
If yes, explain nature of change(s) below and obtain the appropriate license change application together with this form. _____

- 3) If a corporation, has there been a change in principal officers or director which has not been approved by the NYS Liquor Authority? () No () Yes
If yes, explain nature of change(s) below and obtain the appropriate license change application together with this form. _____

- 4) Have any changes occurred to the financing, ownership or management of your business organization which have not been reported to or acknowledged by the State Liquor Authority? () No () Yes
If yes, explain nature of change(s) below and obtain the appropriate license change application together with this form. _____

- 5) Have any arrests, summonses and/or convictions of your business organization or any principal, partner, officer or director of the currently licensed business organization occurred since the application for any current license was signed and filed? () No () Yes
If yes, explain below:

Name of Defendant	Connection to Business	Crime or Offense	Disposition of Case
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 6) We designate _____, _____

Name

Position

whose mailing address is: _____

City: _____ State: _____ Zip Code: _____

at telephone number: (_____) _____ - _____ to accept all correspondence from the New York State Liquor Authority concerning licensing and disciplinary proceedings, and court litigation arising out of such proceedings, as it relates to all stores licensed by the New York State Liquor Authority and owned by:

Name of Licensee

- 7) Submit a completed **APPLICANT'S STATEMENT**.

I/We, the applicant(s), certify that:

1) Grocery Store Applicants ONLY-

Each of the licensed locations listed, and further locations applied for under the Master File, will be operated as a bona fide grocery store. That such establishment will devote not less than 50% of its public floor space exclusively to the display of the following consumer commodities, however packaged or contained: *(a) food, including all material, solid, liquid or mixed, whether simple or compound, used or intended for consumption by human beings or domestic animals normally kept as household pets and all substances or ingredients to be added thereto for any purpose; (b) napkins, facial tissues, toilet tissues, foil wrapping, plastic wrapping, paper toweling, disposable plates; (c) detergents, soaps, and other cleansing agents; and (d) non-prescription drugs, hygiene products, and toiletries.* **SUBMIT A SIGNED GROCERY STORE LICENSE STIPULATION.**

2) Drug Store Applicants ONLY-

That each of the licensed locations listed, and further locations applied for under the Master File, will be operated as a bona fide drug store registered with the Board of Pharmacy Registration, State of New York. **SUBMIT A COPY OF THE PHARMACY LICENSE.**

Signature of the Individual, each Partner or General Partner, Corporate Officer Authorized by the Board of Directors of the Organization to sign:

Name (Print)	Name (Signature)	Title	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____