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APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES) 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".

Section 110-b of the ABC Law requires ALL on-premises applicants (whether applying for beer, wine, or liquor licenses) to notify the local Municipality or Community Board at least 30 days prior to filing an application with the Liquor Authority. THE COMPLETED STANDARDIZED NOTICE FORM AND PROOF OF DELIVERY MUST BE SUBMITTED WITH THIS APPLICATION.

All Applicants MUST include the following Sections of the Retail License Application at the time of submission:

- | | |
|--|---|
| <input type="checkbox"/> Application (Pages 4-5) | <input type="checkbox"/> Method of Operation |
| <input type="checkbox"/> Right to Premises | <input type="checkbox"/> Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder, etc.) |
| <input type="checkbox"/> Landlord Identification | <input type="checkbox"/> Notice of Appearance (if represented by someone other than the applicant) |
| <input type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Applicant's Statement |
| <input type="checkbox"/> 500 Foot Law Statement | <input type="checkbox"/> Community Board/Municipality Notification and Proof of Mailing or Delivery (using the Standardized Form, see above for more information) |
| <input type="checkbox"/> Statement of Area Plan | |
| <input type="checkbox"/> Establishment Questionnaire | |

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

- Bond, Form L-9 (signed by the applicant and expiring at the end of the initial licensing term)
- Completed copy of the Standardized Form for providing 30 days advance notice to the municipality with proof of delivery
- Detailed Diagrams of the premise to be license (See Diagram instructions and Examples at 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 to be licensed.
- Letter of request to waive the 2 restroom rule (if only 1 restroom)
- Menu
- Photo Identification for all applicant Principals (copies only)
- Photos of applicant Principals
- Photos of the proposed premises (exterior and interior-including kitchen area)
- Proof of Citizenship for all applicant principals NOT currently licensed with the NYS Liquor Authority (see instructions)
- Submission of the all fees associated with this application (see instructions and online retail fee chart)

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

- | | |
|--|---|
| <input type="checkbox"/> Assumed Name Filing Receipt (if DBA is used) | <input type="checkbox"/> NYS Department of State Corporate Filing Receipt or Business Certificate from County Clerk if Sole Proprietor or Partnership |
| <input type="checkbox"/> Certificate of Authority to Collect Sales Tax | <input type="checkbox"/> Newspaper Affidavit |
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Photos of the premises showing ready to open and operate |
| <input type="checkbox"/> Maximum Occupancy Certificate (if requesting the restroom waiver) | <input type="checkbox"/> Worker's Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage |

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State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
(Page 1 of 2 of Form)

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

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

- New Application Renewal Alteration Corporate Change Removal Class Change

For **New** applicants, answer each question below using all information known to date.

For **Renewal** applicants, set forth your approved Method of Operation only.

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.

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. License Serial Number, 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 Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment:

15. Method of Operation: (Check all that apply)

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

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):

16. 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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State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
(Page 2 of 2 of Form)

- 17. List the floor(s) of the building that the establishment is located on:
- 18. List the room number(s) the establishment is located in within the building, if appropriate:
- 19. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No
- 20. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No
- 21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
- 22. 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

- 23. Building Owner's Full Name:
- 24. Building Owner's Street Address:
- 25. City, Town or Village: State: Zip Code:
- 26. 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

- 27. Representative/Attorney's Full Name:
- 28. Street Address:
- 29. City, Town or Village: State: Zip Code:
- 30. Business Telephone Number of Representative/Attorney:
- 31. Business Email Address :

I am the applicant or hold the license or am 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.

32. Printed Name: Title

Signature: **X** _____

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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 :
(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" otherwise write "N/A"

Premises Street Address:

City: , NY Zip Code:

County: Telephone Number of Premises (include area code):

Applicant E-mail address (required):

Business Website:

Mailing Address (if different than above):

City: State: Zip Code:

2. CONTACT (if other 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. For SEASONAL licenses only (Select license date range) to:

4. LICENSE TYPE: **CODE:** **5. Number of ADDITIONAL BARS (if any):**

(see schedule of fees)

5a. Months that SEASONAL add bars will operate: to:

6. TOTAL PAYMENT DUE:

7. Federal Tax ID #:

7a. Certificate of Authority to Collect NYS Sales Tax - List # If Issued: Pending

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8. 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

9. 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 #:
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:
***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.

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 questionnaire 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. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

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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: 25px;"></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.

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' 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 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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**STATEMENT OF AREA PLAN
200 Foot Law**

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

<ol style="list-style-type: none"> List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN 300 FEET Is the premises within 200 feet of ANY SCHOOL, CHURCH or PLACE OF WORSHIP? <input type="radio"/> 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) <input type="radio"/> No 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:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
2. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
3. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>

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.

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)

1b. If applying for an on premises license 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 and give details:

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 not 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:

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: hallways, 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. 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? (*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 <input style="width: 200px; height: 25px;" type="text"/>	Bar Type <input style="width: 200px; height: 25px;" type="text"/>	Bar Type <input style="width: 200px; height: 25px;" type="text"/>
Length <input style="width: 200px; height: 25px;" type="text"/>	Length <input style="width: 200px; height: 25px;" type="text"/>	Length <input style="width: 200px; height: 25px;" type="text"/>
Shape <input style="width: 200px; height: 25px;" type="text"/>	Shape <input style="width: 200px; height: 25px;" type="text"/>	Shape <input style="width: 200px; height: 25px;" type="text"/>
Bar 4	Bar 5	Bar 6
Bar Type <input style="width: 200px; height: 25px;" type="text"/>	Bar Type <input style="width: 200px; height: 25px;" type="text"/>	Bar Type <input style="width: 200px; height: 25px;" type="text"/>
Length <input style="width: 200px; height: 25px;" type="text"/>	Length <input style="width: 200px; height: 25px;" type="text"/>	Length <input style="width: 200px; height: 25px;" type="text"/>
Shape <input style="width: 200px; height: 25px;" type="text"/>	Shape <input style="width: 200px; height: 25px;" type="text"/>	Shape <input style="width: 200px; height: 25px;" type="text"/>

Attach additional sheets if there are more than 6 bars.

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5. KITCHEN

5a. Does premises have a full kitchen? Yes No

If NO, does premises have a food preparation area? Yes No

Show Kitchen or Food Preparation 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, 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 alcoholic beverages? Yes No

7b. 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):

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?
 Yes No

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing Wall Shrubbery Roping Stanchions
- Other (describe):

7e. Is a permit required by locality for outside area(s)? Yes No
If yes, submit a copy of the permit.

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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 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.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer & Cider
 Wine, Beer & Cider
 Liquor, Wine, Beer & Cider

1b. Type of Establishment:

2. Will any other business be conducted at the premises? if "yes" provide details below or on a separate sheet: Yes No

2a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

2b. If "yes" how frequently?

3. Will premises have music? Yes No

3a. If "yes" check all that apply: RECORDED DJ JUKE BOX KARAOKE

LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?: Yes No

4. Will the premises permit dancing? Yes No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing? Yes* No

* If a permit is required, submit a copy of the permit. A copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance? Patrons Employees for entertainment Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

5. Will there be topless entertainment? Yes No

6. Will the business employ a manager? Yes No

6a. If "no" will principal(s) manage? Yes No

7. How many employees? (Excluding principals and security personnel.)

7a. If answer is zero employees ("0"), then provide an explanation below:

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8. NYS Law requires businesses to carry workers' compensation and disability insurance.

If applied for and pending, please indicate.

8a. Workers' Compensation Carrier Name and Policy Number:

8b. 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.

9. Will there be security personnel be used at the premises? Yes No 9a. If YES, how many?

9b. 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 security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

10. 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 you will monitor alcohol sales; 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.

11. 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 Advanced Notice ?

Yes No

11a. If "no" explain.

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://www.sla.ny.gov/provisions-for-county-closing-hours>

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

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 :

U.S. Citizen

If NOT U.S. citizen - country of citizenship

Yes No

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: 100%; height: 20px;" type="text"/> WEIGHT <input style="width: 100%; height: 20px;" type="text"/> SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	HAIR COLOR <input style="width: 100%; height: 20px;" type="text"/> EYE COLOR <input style="width: 100%; height: 20px;" type="text"/>	MARITAL STATUS <input style="width: 100%; height: 20px;" type="text"/> SPOUSE NAME <input style="width: 100%; height: 20px;" type="text"/> SPOUSE'S SOCIAL SECURITY #: <input style="width: 100%; height: 20px;" type="text"/>
---	---	--

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;" type="text"/> Number of shares owned |
| <input type="radio"/> Vice President | <input type="radio"/> Manager | <input type="radio"/> LLC Member ⇒ <input style="width: 80px;" 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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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; 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: 40%; height: 25px;" type="text"/>	<input style="width: 40%; 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: 40%; height: 25px;" type="text"/>	<input style="width: 40%; 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: 40%; height: 25px;" type="text"/>	<input style="width: 40%; 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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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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 <input style="width: 90%; height: 20px;" type="text"/>	Business address <input style="width: 90%; height: 20px;" type="text"/>
---	--

Type of interest and date interest began <input style="width: 90%; height: 20px;" type="text"/>	Serial Number <input style="width: 90%; height: 20px;" type="text"/>
--	---

Business name <input style="width: 90%; height: 20px;" type="text"/>	Business address <input style="width: 90%; height: 20px;" type="text"/>
---	--

Type of interest and date interest began <input style="width: 90%; height: 20px;" type="text"/>	Serial Number <input style="width: 90%; height: 20px;" type="text"/>
--	---

Business name <input style="width: 90%; height: 20px;" type="text"/>	Business address <input style="width: 90%; height: 20px;" type="text"/>
---	--

Type of interest and date interest began <input style="width: 90%; height: 20px;" type="text"/>	Serial Number <input style="width: 90%; height: 20px;" type="text"/>
--	---

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

Print **YOUR** Name

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

If YES, provide information below:

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

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

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

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 _____

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 serial number, if not known write "Pending" in this space)* for *(fill in beer, liquor and/or wine, as the case may be)* has been applied for by **the undersigned*** to sell *(fill in beer, liquor and/or wine, as the case may be)* at retail in a *(hotel, club, restaurant, vessel, railcar, 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 the filing of 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 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 _____

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 alcoholic beverages in unopened containers** 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. License must be surrendered or placed in safekeeping before permit can be issued.
3. 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.

Attach additional sheets listing all of the information requested above if there will be more than one licensee is purchasing your inventory as part of this transaction. **NO ADDITIONAL FEE IS NEEDED TO COVER MULTIPLE LICENSED BUYERS 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: _____ Dated _____

Buyer's Signature: _____ Dated _____

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: _____	



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

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

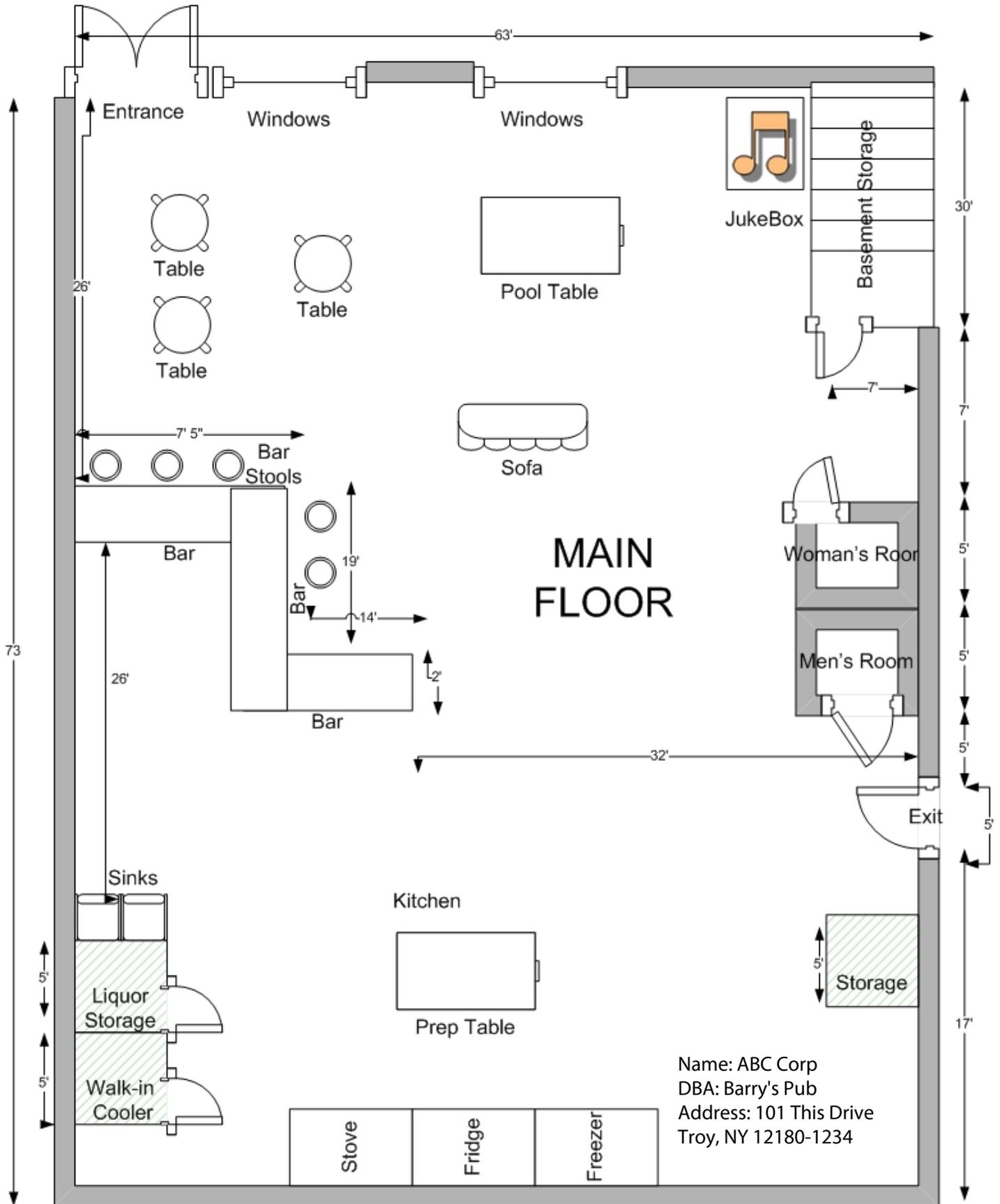
- Each and every floor should have its own diagram (including any floor used for the storage of alcoholic beverages or office space where books and records are maintained). Label each floor (basement, ground floor, second floor, etc.)
- Provide the interior and exterior dimensions of the premises, including the length of all bars and other prominent fixtures.
- Label **all** rooms, including but not limited to: storage rooms, offices, dining areas, kitchen/food preparation areas, restrooms, etc.
- Show the number of tables and chairs for patrons within the establishment and indicate the number of chairs/stools at the bars.
- Show any outside dining/service areas on the Interior Diagram for the appropriate floor (e.g. sidewalk café, deck, porch, roof, etc.) Show details as to how this area will be contained and supervised. **Note:** The outside area must be connected to the premises to be licensed, and cannot be divided by any passageway over which the applicant does not have exclusive control. The outside area must be enclosed by a physical barrier that restricts patrons from entering and exiting the area.
- 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)

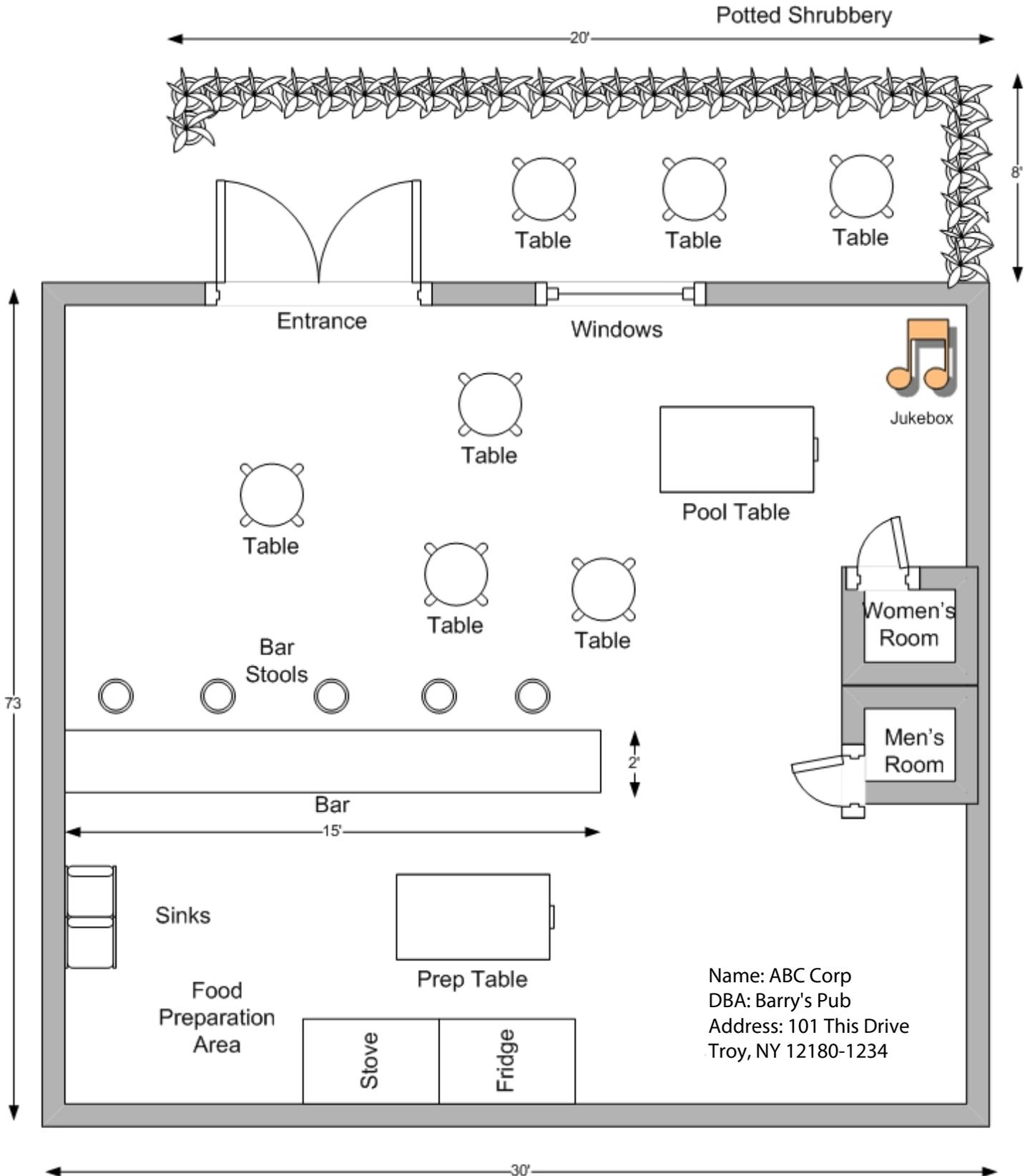
***Only required for establishments that are applying for a license that permits on-premises consumption of liquor.*

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

EXAMPLE OF INTERIOR (GROUND FLOOR)



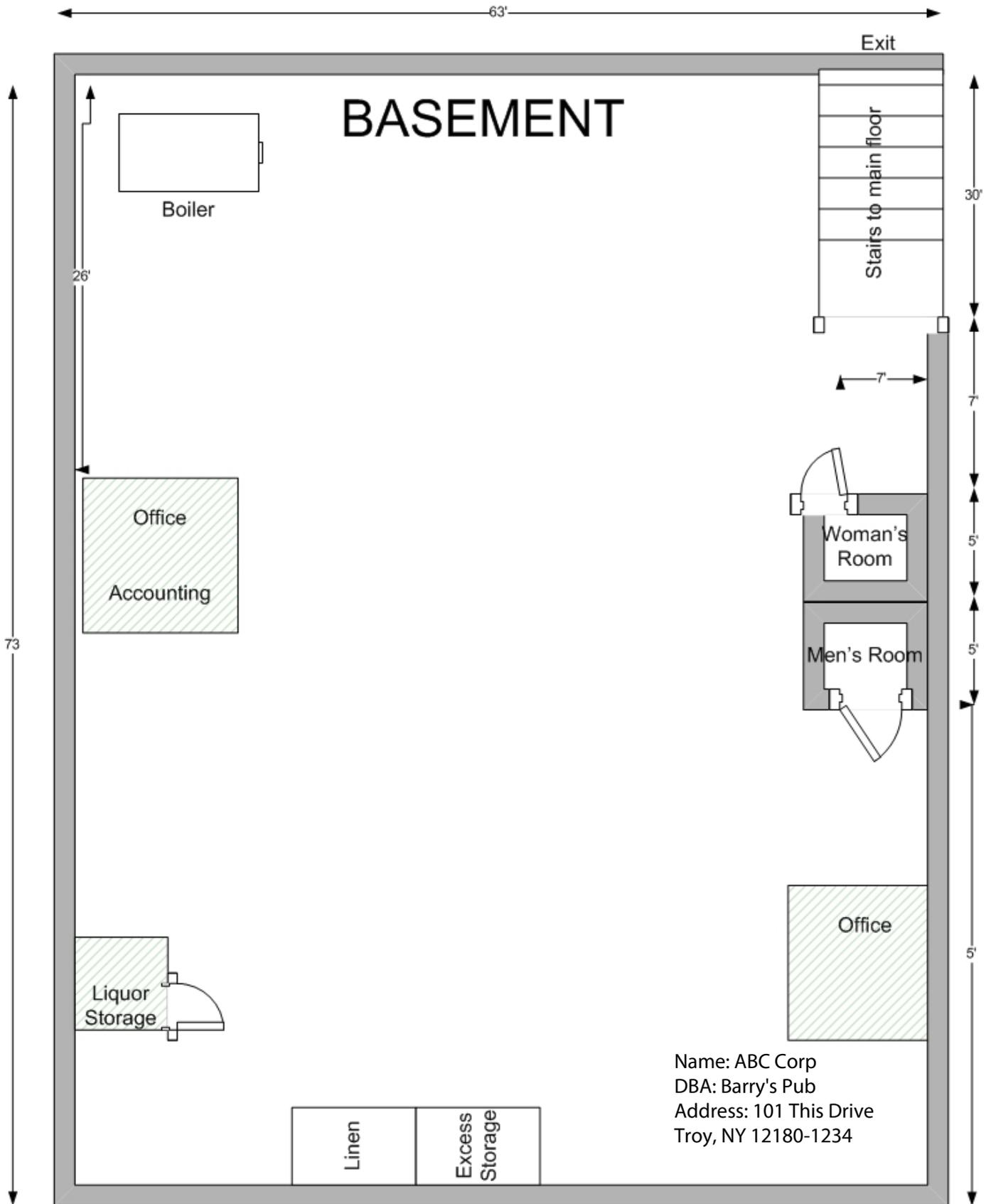
EXAMPLE OF INTERIOR WITH OUTDOOR AREA (GROUND FLOOR)



Name: ABC Corp
DBA: Barry's Pub
Address: 101 This Drive
Troy, NY 12180-1234

OFFICE USE ONLY
 Original Amended Date _____

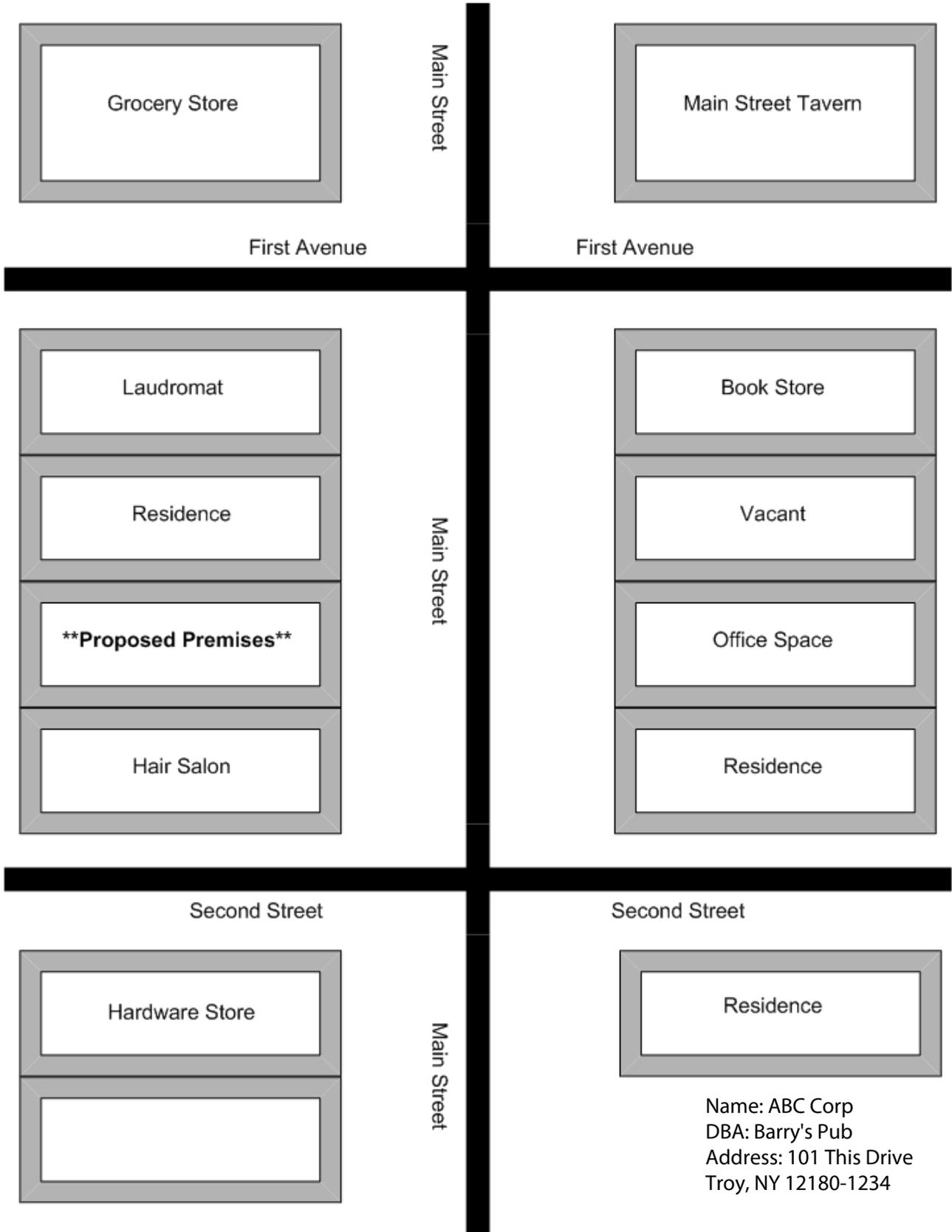
EXAMPLE OF INTERIOR (BASEMENT)



Name: ABC Corp
DBA: Barry's Pub
Address: 101 This Drive
Troy, NY 12180-1234

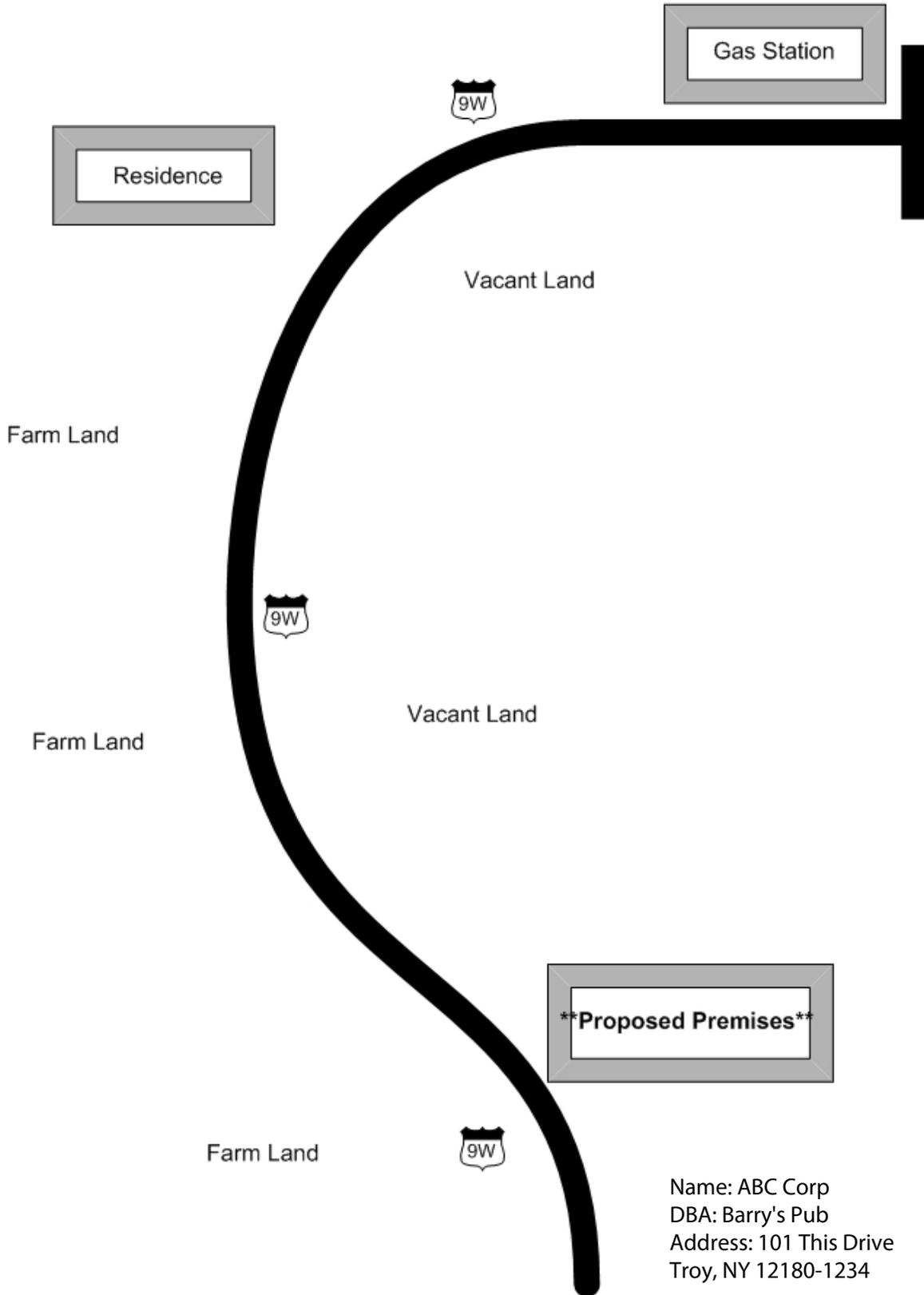
OFFICE USE ONLY
 Original Amended Date _____

EXAMPLE OF A BLOCK PLOT DIAGRAM (City/Town)



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

EXAMPLE OF A BLOCK PLOT DIAGRAM (Rural Area)



Name: ABC Corp
DBA: Barry's Pub
Address: 101 This Drive
Troy, NY 12180-1234