

NEW YORK STATE LIQUOR AUTHORITY
APPLICATION FOR
PETITION FOR APPROVAL OF EMPLOYMENT

INSTRUCTIONS

This petition is to be used by a licensee requesting permission of the State Liquor Authority to employ a person disqualified for employment by a licensee under Section 102, subdivision 2 of the Alcoholic Beverage Control Law.

This petition must be executed and filed with the appropriate zone office of the State Liquor Authority in Albany, Buffalo or New York City, and must be accompanied by:

- (1) Personal Questionnaire
- (2) Photos: passport type (2 copies)
- (3) Certificate of Disposition for each arrest
- (4) Electronic Fingerprinting after this application is filed (instructions will be provided on the application Filing Receipt and are also available on our website, www.sla.ny.gov).

Any false answer or statement made by the applicant constitutes a misdemeanor and will subject any permit issued hereunder to revocation.

MAIL APPLICATION TO:

State Liquor Authority
Alfred E. Smith Building
80 South Swan Street, Suite 900
Albany, NY 12210-8002

Telephone: (518) 474-3114

Agency Website Address: www.sla.ny.gov

SLA FORM: 200-009 (05/01/13)

PETITION FOR APPROVAL OF EMPLOYMENT

Serial number: _____

Name of Licensee: _____

Trade Name: _____

Address of Licensee: _____

1. State full name, of the person you are requesting approval to employ:

Residence address of prospective employee: _____

City, Town, Village: _____

Telephone Number: _____ County: _____

2. State nature of prospective employee's duties with licensee: _____

3. State whether prospective employee had any other licensee apply to the Liquor Authority for approval of employment: No _____ Yes _____ if yes please explain below

- a. Date filed: _____
- b. Address of Zone office: _____
- c. Action on Previous Petition: _____

4. State whether prospective employee has ever applied in this state or country or in any other state or country for any license or permit to sell or traffic in alcoholic beverages, either as an individual, member of a co-partnership or as an officer, director or stockholder of a corporate applicant:

No _____ Yes _____ if yes please explain below

- a. Name of Applicant: _____
- b. Address of Premises: _____
- c. Type of license or Permit: _____
- d. Action taken: _____
- e. Date: _____

11. Did anyone assist you in preparing this petition?

No _____ Yes _____ if yes please explain below

a. Name and/or Business _____

b. Address _____

12. Does proposed employee agree to report any change in the information set forth in this petition. (Such as change of residence address, change of employer or duties performed) to the Liquor Authority within 10 days from the date of such change?

No _____ Yes _____

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY PROSPECTIVE EMPLOYEE

_____ certifies that he is the proposed employee above named; that he knows the contents of the above petition and the statements contained therein, and that the same are true of his own knowledge.

Dated _____ (Signature of Proposed Employee)

THIS CERTIFICATION TO BE SIGNED AND DATED BY LICENSEE/EMPLOYER

This certification must be executed by the licensee-employer, if an individual, or if a partnership, by a member of the partnership, or if a corporation, by a principal officer of the corporation, whichever is appropriate.

_____ certifies that he is the _____ (Title)

of the named in question No. 1 of this petition; that the proposed employee will be employed only in the capacity stated herein and only upon the written approval of the Liquor Authority.

Dated _____ (Signature of Affiant)

_____ Approved _____ Disapproved

Date: _____ Authorized by: _____