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## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (VESSEL)

### FILING CHECKLIST

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate to the best of your ability. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

**Please note that per Section 110(b) of the ABC Law all on-premises applicants (whether applying for beer; beer & wine; or beer, wine & liquor) are required to notify the Municipality or Community Board at least 30 days prior to filing the application with the New York State Liquor Authority.**

### THE COMMUNITY BOARD/MUNICIPALITY NOTICE FORM AND PROOF OF MAILING MUST BE SUBMITTED WITH THIS APPLICATION.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Application (Pages 1-2)<br><input type="checkbox"/> Right to Premises<br><input type="checkbox"/> Landlord Identification<br><input type="checkbox"/> List of Expenses<br><input type="checkbox"/> 500 Foot Rule Statement<br><input type="checkbox"/> Statement of Area Plan<br><input type="checkbox"/> On-Premises Vessel Questionnaire | <input type="checkbox"/> Method of Operation<br><input type="checkbox"/> Proof of Citizenship Affirmation (non US born principals)<br><input type="checkbox"/> Applicant's Statement<br><input type="checkbox"/> Personal Questionnaire (for each Principal, Manager, Lender, Donor, etc.)<br><input type="checkbox"/> Notice of Appearance (if represented by someone other than the applicant) |
|---|--|

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

- Bond, Form L-9 (signed by the applicant and expiring at the end of the initial licensing term)
- Community Board/Municipality Notification (using the correct Standardized Form, see above for more information)
- Detailed Diagrams which include Interior and Block Plot (aerial view of the building showing nearby businesses/residences)
- 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 bathroom rule (if only 1 bathroom)
- Menu
- Photo Identification for all applicant Principals and Managers (copies only)
- Photos of applicant Principals and Managers (Must be in color)
- Photos of the proposed premises (exterior and interior-including kitchen area) (Must be in color)
- Proof of Citizenship for all applicant principals NOT currently licensed with the NYS Liquor Authority (copy of Birth Certificate, Passport)

**All Applicants MUST submit the following Supporting Documents before a license can be issued:**

- |   |  |
|---|--|
| <input type="checkbox"/> Certificate of Authority to Collect Sales Tax<br><input type="checkbox"/> Coast Guard Certification<br><input type="checkbox"/> Department of State Filing Receipt<br><input type="checkbox"/> Newspaper Affidavit | <input type="checkbox"/> Photos of the premises showing ready to open and operate<br><input type="checkbox"/> Proof that the proposed Vessel is sufficiently covered under The Jones Act (or Workers' Compensation & Disability) |
|---|--|

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## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (VESSEL)

*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:

Name of Vessel:

Mooring Address of Vessel:

City:  , NY Zip Code:

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

Office Address (if different than above):

City:  State:  Zip Code:

E-mail address (if available):

### 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 (if available):

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

### 3. VESSEL LICENSE TYPE:

*(see Vessel Fee Schedule)*

CODE:

### 4. For SEASONAL licensees only—beginning and ending months

### 5. Number of ADDITIONAL BARS (if any):

*(see instructions)*

### 6. TOTAL PAYMENT DUE:

### 7. Federal Tax ID #:

### 7a. Certificate of Authority Permit#

*Submit copy of permit*

### 8. Coast Guard Registration Number (Submit copy of registration):

**THE COMMUNITY BOARD/MUNICIPALITY NOTICE FORM AND PROOF OF MAILING MUST BE SUBMITTED WITH THIS APPLICATION.**

continued on next page	[OFFICE USE ONLY]	
	DATE FILED: <input type="text"/>	SERIAL #: <input type="text"/>

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**9. 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: 95%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			

**9a. TO BE FILLED IN ONLY IF YOU WILL EMPLOY A MANAGER**

Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			

**10. 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**10a. TO BE FILLED IN ONLY IF YOU WILL EMPLOY A MANAGER**

Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			

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## RIGHT TO PREMISES

### 1. RIGHT TO VESSEL

a. By what right does the applicant have possession of the Vessel?

- Own   
 Lease   
 Sub-Lease   
 Binding contract to acquire real property   
 Written intent to Lease

Other (explain):

b. 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. INTERESTED PARTIES

a. Is there currently a license to traffic in alcoholic beverages in effect for the Vessel for which this application is filed?

- YES   
 NO   
 Do Not Know

b. Name of current/previous licensee:  License Serial Number:

c. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?       YES     NO     Do Not Know

***Any pending disciplinary action may prevent a determination on this application or result in the disapproval of the application with or without prejudice.***

d. Does anyone other than the applicant/principals share or will 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
<input style="width: 100%; height: 25px;" type="text"/>			
<input style="width: 100%; height: 25px;" type="text"/>			
<input style="width: 100%; height: 25px;" type="text"/>			
<input style="width: 100%; height: 25px;" type="text"/>			

## LANDLORD IDENTIFICATION INFORMATION

1. Name of Landlord/Owner of Vessel (as appears on lease and deed):

2. Mailing Address of Owner/Landlord:

Street Address:

City:  State:  Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals

Name	Address
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 500px; height: 20px;" type="text"/>

Name	Address
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 500px; height: 20px;" type="text"/>

Name	Address
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 500px; height: 20px;" type="text"/>

Name	Address
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 500px; height: 20px;" type="text"/>

5(a). Are any persons listed on this form currently or previously licensed under the ABC Law?  YES  NO

5(b). If YES, list the names and serial numbers:

6(a). Are any persons listed on this form police officers:  YES  NO

6(b). If YES, list the names :

7. List number of years Vessel has been owned by landlord:

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## LIST OF EXPENSES FOR THIS VENTURE

### Expense Item (Actual or Estimated)

- 1. Cost of Vessel (if purchased within the past year):
- 2. Purchase/Contract Price of Business (submit copy of contract):
- 3. Renovations/Improvement Costs (ie: furnishings, fixtures, etc.):
- 4. Miscellaneous (any other expense related to this venture):

**5. TOTAL CASH**  (See Instructions for required verifications)

**6. TOTAL DEFERRED**

(Total deferred includes loans, mortgages, lines of credit, notes, etc. Attach copies of **EACH** source of deferred monies)

**7. TOTAL INVESTMENT**

**NOTE:** The amounts *in items 1 through 4* must total the amount reflected in item 7.  
 The amounts *in items 5 and 6* must total the amount reflected in item 7.

**IMPORTANT:** Submit any and all records, documents and affidavits including loan agreements that you feel may assist you in explaining the source of monies as per instruction sheet.

### List lenders and amounts (to be) loaned from which "total deferred" will derive.

<b>Dollar(s) Amount</b>	<b>Type of Investment</b> (Accounts, Loans, etc.)

**Source of Funds** (Identify by Name - Lender, etc. - Provide Personal Questionnaires)

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<b>Dollar(s) Amount</b>	<b>Type of Investment</b> (Accounts, Loans, etc.)

**Source of Funds** (Identify by Name - Lender, etc. - Provide Personal Questionnaires)

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**List bank names and account numbers from which "TOTAL CASH" will derive.**

<b>Dollar(s) Amount</b>	<b>Type of Investment</b> (Accounts, Gifts, Asset Sales, etc.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Source of Funds** (Identify by Name - Gifor, Asset Sales, etc. - Provide Personal Questionnaires)

<b>Dollar(s) Amount</b>	<b>Type of Investment</b> (Accounts, Gifts, Asset Sales, etc.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Source of Funds** (Identify by Name - Gifor, Asset Sales, etc. - Provide Personal Questionnaires)

<b>Dollar(s) Amount</b>	<b>Type of Investment</b> (Accounts, Gifts, Asset Sales, etc.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Source of Funds** (Identify by Name - Gifor, Asset Sales, etc. - Provide Personal Questionnaires)

<b>Dollar(s) Amount</b>	<b>Type of Investment</b> (Accounts, Gifts, Asset Sales, etc.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Source of Funds** (Identify by Name - Gifor, Asset Sales, etc. - Provide Personal Questionnaires)

8. Have all investors been disclosed in this application?     YES     NO

***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 license.***

**You must supply Personal Questionnaires for all investors or joint account holders**

**SEE INSTRUCTIONS FOR A LIST OF ALL PERSONS REQUIRING PERSONAL QUESTIONNAIRES**

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### 500 FOOT RULE STATEMENT

**Applicants for Vessel liquor licenses must complete this section  
(Not required for on premises beer or wine application)**

If the location is subject to the 500 foot rule, 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-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 500' of three or more similarly licensed premises. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

**The proposed vessel:      Check the appropriate box below:**

VESSEL IS NOT WITHIN A 500' RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.

VESSEL IS WITHIN A 500' 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 VESSEL HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.

NOT APPLICABLE - VESSEL HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993

NOT APPLICABLE - POPULATION UNDER 20,000

**YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN 500' OF THE PROPOSED VESSEL**

**IMPORTANT:**

If vessel is within a 500' 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 under 20,000 you must,

**SUBMIT 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**

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

<ol style="list-style-type: none"> <li>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN <b>300 FEET</b></li>   <li>2. Is the vessel within 200' of <b>ANY SCHOOL, CHURCH or PLACE OF WORSHIP?</b> <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') <input type="radio"/> NO</li>   <li>3. Submit a <b>BLOCK PLOT DIAGRAM</b> or <b>AREA MAP</b> showing the location of any school, church or place of worship in proximity to your proposed vessel ( 8½" x 11")</li> </ol>
--

**Indicate distance in feet from the proposed vessel. 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:	
4. Name of church/school:	
Address:	
Distance:	

**If applying for a full liquor license (beer, wine and liquor) and the vessels is within 200' 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 vessel to the closest school, church or place of worship.**

### ON-PREMISES VESSEL QUESTIONNAIRE

*See instructions for diagrams and photos required in support of this application*

#### VESSEL - PHYSICAL LAYOUT

- 1. Does the Vessel have all appropriate permits?  Yes  No
- 2. Type of Vessel:
- 3. Number of Decks:
- 4. What is the access between decks?
- 5. How many decks does the premises occupy?
- 6. Are there any openings to other parts of the Vessel that will not be covered under this license?  Yes  No

6a. If YES, describe:

- 7. How many rooms on each deck?
- 8. Use of Rooms:
- 9. How many bathrooms?
- 10. What is the maximum number of persons that can legally occupy the Vessel?
- 11. Number of tables:
- 12. Number of seats at tables:
- 13. Is the interior unobstructed throughout?  Yes  No

#### BARS

- 1. How many stand-up bars are located on the Vessel?
- 2. How many service bars are located on the Vessel?

2a. Describe all bars (length, shape and location)

- 3. Are there any food counters?  Yes  No
- 3a. If yes, describe all food counters (length, shape and location)

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**4. KITCHEN**

a. Does premises have a kitchen?  YES  NO

**If NO, does premises have a food preparation area?**  YES  NO

**If any, show on diagram.**

**FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION    SUBMIT A MENU**

b. Is a chef employed at the premises?  YES  NO

If YES, list hours of day chef will devote to the premises:

**Alcoholic Beverages cannot be served on the vessel prior to 3 hours before departure of such vessel.**

**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. his Notice Form can be found on our website under "Notice to be Posted at Proposed Premises".**

### METHOD OF OPERATION

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

- Charter Purpose     
  Fishing Vessel     
  Regularly Scheduled Trips  
 Summer Vessel Liquor     
  Tourist     
  Vessel Beer     
  Vessel Liquor

2. Will the vessel provide entertainment for passengers?  YES  NO
3. Will vessel provide music?  YES  NO    3a. If yes:  LIVE  RECORDED
4. Will vessel permit dancing?  YES  NO
5. Will vessel offer gambling?  YES  NO

If you answered yes to any of the above questions (2-5), describe:

6. Will the applicant operate gambling outside NYS Territorial Waters?  YES  NO
7. Will the business employ a manager?  YES  NO

If YES, see question 7a.

7a. Name(s) of manager(s):  
*(Manager(s) MUST complete a personal questionnaire and submit photo identification prior to employment)*


- 7b. If NO, will principal(s) manage?  YES  NO

**NYS Law requires businesses to carry Worker's Compensation and Disability Insurance.**  
**You must submit the Workman's Compensation and Disability Insurance name and policy number documentation from your Insurance Company OR a letter from your insurance company stating that in lieu of Workers' Compensation/Disability Insurance you are covered under the Jones Act or a Certificate of Attestation of Exemption from the Workers' Compensation Board stating you are exempt due to the Jones Act.**

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8. How many employees (excluding applicant principal(s))?

8a. If answer is "0" provide explanation.

9. Will there be security personnel?  YES  NO 8a. If YES, how many?

9b. If they are required to be registered, are they registered in accordance with New York State Security Guard Registration?  YES  NO

If NO, explain: (ie. Not Required)

**Security personnel you hire may be required to be registered in accordance with NYS Security Guard Registration. Please contact the NYS Department of State to obtain information.**

**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**

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### NOTICE OF PUBLICATION

Effective August 22, 1999, all applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper**, designated by the County Clerk, **once a week for two successive weeks** as hereinafter provided.

- 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 **county** where the premises are 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 substantially the following form:**

Notice is hereby given that a license, number *(fill in serial number)* 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 original copy must be submitted to the Authority within **15 days** of receipt. The second original 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:

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, or village and 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 \_\_\_\_\_

\_\_\_\_\_

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## PROOF OF CITIZENSHIP AFFIRMATION

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**Applicants may submit, in lieu of proof of citizenship, a signed and dated copy of a naturalization certificate or green card with an affirmation on the copy submitted as follows:**

**NOTE: This affirmation can only be submitted by an Attorney duly admitted to practice in the State of New York. All other representatives must present original proof(s) to be verified by the Authority personnel.**

Applicant/Individual Name: \_\_\_\_\_

I, the undersigned, an Attorney at Law duly admitted to practice in the State of New York, have compared the original with this copy of:

VISA       ALIEN REGISTRATION CARD       OTHER \_\_\_\_\_

and affirm under the penalty of perjury that the foregoing copy is a true and complete copy of the original proof of citizenship. This affirmation is given to the Division of Alcoholic Beverage Control knowing that they will rely upon the same in review of the license application of:

\_\_\_\_\_ ,

and the applicant has signed his name directly in the space provided below.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date:*

**Attorney must complete the following signature form:**

**ATTORNEY INFORMATION:**

Attorney name: \_\_\_\_\_

Office address: \_\_\_\_\_

City, Town or Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## APPLICANT'S STATEMENT

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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

<input type="radio"/> Original <input type="radio"/> Amended                      Date _____
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## APPLICATION FOR LIQUIDATOR'S PERMIT

This application is to be completed by the **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 State Liquor Authority for a **total fee of \$36.00** for each permit.

This permit is **valid for one transaction only**, and requires the sale of the **entire stock** of alcoholic beverages by the permittee. When the sale is approved, an inventory, signed by the Permittee, listing the type, brand name and size and number of the containers of alcoholic beverages to be sold, must be submitted to the State Liquor Authority.

### SELLER'S INFORMATION

Sellers name:

Trade name:

Premises address:

City, town or village:  Zip Code:  County:

Telephone number:  E-mail address:

License serial number:  License Status:

Liquidation of business ONLY, 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:

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 duplicate permit or photocopy will be delivered to each purchaser.
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.
4. 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.**

**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: \_\_\_\_\_

Permits No. \_\_\_\_\_

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"/>
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**2. Position (or interest) you will hold (check each):**

- |                                      |                                       |                                   |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="radio"/> President      | <input type="radio"/> Director        | <input type="radio"/> Manager     |
| <input type="radio"/> Vice President | <input type="radio"/> Stockholder     | <input type="radio"/> Lender*     |
| <input type="radio"/> Secretary      | <input type="radio"/> Partner         | <input type="radio"/> Donor*      |
| <input type="radio"/> Treasurer      | <input type="radio"/> General Partner | <input type="radio"/> Guarantor*  |
| <input type="radio"/> Chairman       | <input type="radio"/> Limited Partner | <input type="radio"/> LLC Manager |
| <input type="radio"/> Officer        | <input type="radio"/> Sole Proprietor | <input type="radio"/> LLC Member  |
| <input type="radio"/> ABC Officer    | <input type="radio"/> Other _____     |                                   |

\*If Lendor, Donor or Guarantor state your relationship to the applicant.

continued on next page

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

Print **YOUR** Name

**3. Residences for the past TEN years.**

Address	From (month/year)	To (month/year)
<div style="border: 1px solid black; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>
Address	From (month/year)	To (month/year)
<div style="border: 1px solid black; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>
Address	From (month/year)	To (month/year)
<div style="border: 1px solid black; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>
Address	From (month/year)	To (month/year)
<div style="border: 1px solid black; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>
Address	From (month/year)	To (month/year)
<div style="border: 1px solid black; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 100px; height: 26px;"></div>

**4. Your occupation for the past TEN years**

From/To (month/year)	Employer	Employer Address
<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 250px; height: 26px;"></div>	<div style="border: 1px solid black; width: 350px; height: 26px;"></div>
Type of business	Position	
<div style="border: 1px solid black; width: 400px; height: 26px;"></div>	<div style="border: 1px solid black; width: 400px; height: 26px;"></div>	
From/To (month/year)	Employer	Employer Address
<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 250px; height: 26px;"></div>	<div style="border: 1px solid black; width: 350px; height: 26px;"></div>
Type of business	Position	
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From/To (month/year)	Employer	Employer Address
<div style="border: 1px solid black; width: 100px; height: 26px;"></div>	<div style="border: 1px solid black; width: 250px; height: 26px;"></div>	<div style="border: 1px solid black; width: 350px; height: 26px;"></div>
Type of business	Position	
<div style="border: 1px solid black; width: 400px; height: 26px;"></div>	<div style="border: 1px solid black; width: 400px; height: 26px;"></div>	

**5. LICENSE HISTORY / AFFILIATIONS**

- (a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business?  YES  NO

List hours you will devote to business sought to be licensed:

*continued on next page*

<input type="radio"/> Original <input type="radio"/> Amended              Date _____
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Print **YOUR** Name

(b) Will you take an active part in the operation of the business to be licensed?     YES     NO

If YES, explain nature of activity (hours, days, responsibilities):

(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
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Business name	Business address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Business name	Business address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

(d) Other than as itemized in the 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 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
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Serial Number	Disposition
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Name of applicant	Address of premises	Date of filing
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Serial Number	Disposition
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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

Print **YOUR** Name

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

- (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:

- (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 or 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, 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.**

(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?  YES  NO

**If 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.**

(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 (employment, family, business or otherwise) with the current/previous licensee ?**

YES  NO

If YES, please provide a detailed explanation of the nature and the extent of the relationship.

Signature: \_\_\_\_\_

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:**

**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.