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LICENSE 102

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL WHOLESALE/IMPORTER LICENSE
FILING CHECKLIST

This application is to be used by applicants seeking a license to sell alcohol at wholesale.

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.

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

- ☐ Application (Pages 2-3)
- ☐ Right to Premises
- ☐ Landlord Identification
- ☐ Financial Disclosure
- ☐ Premises Questionnaire
- ☐ Method of Operation
- ☐ Bulletin #254 (signed and dated)
- ☐ Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder, etc. -signed and dated)
- ☐ Applicant's Statement (signed and dated)
- ☐ Notice of Appearance (if represented by someone other than the applicant principals)

Submit the following Supporting Documents when filing the application:

- ☐ Bond, Form L-9 (if required) signed by the applicant and expiring at the end of the initial licensing term (Refer to the Wholesale & Importer Fee Chart for the bond amount required)
- ☐ Financial Records showing the source and availability of the funds to be used for the venture
- ☐ Lease/Deed/Contracts (The applicant must demonstrate their right to the premises spanning the full license period)
- ☐ Premises Diagrams (See diagram instructions and example at the end of this application.
- ☐ Photo Identification for all applicant principals (copies only)
- ☐ Photos of the proposed premises (exterior and interior)
- ☐ Photos of applicant principals
- ☐ Proof of Citizenship for all applicant principals NOT currently licensed with the NYS Liquor Authority (ex: copy of Birth Certificate, US Passport, Certificate of Naturalization, Permanent Resident Card)
- ☐ Holding Corporation Stipulation (if the applicant company is owned or partially owned by an other legal entity)
- ☐ Application and filing fee (refer to the Wholesale & Importer Fee Chart)

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

- ☐ NYS Department of State Corporate Filing Receipt or Business Certificate from County Clerk if Sole Proprietor or Partnership
- ☐ Assumed Name Filing Receipt (if DBA is used)
- ☐ TTB Permit showing the premises address and appropriate type of operation
- ☐ Photos of the premises showing ready to open and operate
- ☐ Certificate of Authority to Collect NYS Sales Tax (For Wholesale beer C 103 only)
- ☐ Worker's Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage

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LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL WHOLESALE & IMPORTER LICENSE

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"*

Premises Street Address:

City: , **NY** Zip Code:

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

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required):

Business Website:

2. CONTACT *(if different than applicant)*

Name of Contact: ◯ Attorney ◯ Representative ◯ Contact Person

Office Address:

City: State: Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

3. LICENSE TYPE: CODE:

(see schedule of fees)

4. TOTAL PAYMENT DUE:

5. Federal Tax ID #:

6. Certificate of Authority to collect NYS Sales Tax (*C 103 Wholesale beer only*):

[OFFICE USE ONLY]

DATE FILED: SERIAL #:

Approved ◯ Disapproved ◯

License Board Member Date

continued on next page

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7. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual / Partner	Residence	Social Security #:	Date of Birth
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

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

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

Name of Principal	Residence	Social Security #:

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 owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, and LLC managers. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less that 10% interest.. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

__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 questionnaires 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.

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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.

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
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired

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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

Street 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 persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law? ◯ Yes ◯ No

Serial Number	Licensee Name
Serial Number	Licensee Name
Serial Number	Licensee Name

6. Are any persons listed on this form 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 wholesale 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 retail license.*

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PREMISES QUESTIONNAIRE

1. Describe the area where the premises is to be located: ◯Residential ◯Business ◯Agricultural

a. State what the area is zoned for:
(i.e.. Residential, Business,

2. Premises

a. Provide a description of the premises to be licensed. Describe all buildings/structures that will be utilized in business operations including the number of floors of each. *(i.e. 2 story free-standing , office building - include suite number, including a basement, etc.)*

b. Has the building/premises been known by any other address? ◯Yes ◯No

If YES. please specify:

c. Has the premises to be licensed and/or any other floor in the building been previously licensed or currently licensed to traffic in alcoholic beverages? ◯Yes ◯No

d. What was prior use of premises to be licensed?

e. Does the proposed location of the business comply with all state and local regulations and zoning codes? ◯Yes ◯No

f. Is there interior access to any other floor(s) that will not be part of the licensed premises? ◯ Yes ◯ No

If YES, list floor(s) and means of access to each floor(s). (i.e. stairs, elevator, etc. - must be shown on diagram) List use of floor(s) (i.e. apartments, offices, etc.)

g. Does any other person have access to this area? ◯ Yes ◯ No

h. Where will the alcohol be stored? *(Wholesalers/Importers without interior access to the storage area may require a warehouse permit.)*

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METHOD OF OPERATION

All applicants for a license to sell alcoholic beverages must complete this Section

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

◯ Wholesale Beer (C 103) (Sell to the consumer at retail)* ◯ Wholesale Liquor (LL 203) ◯ Wholesale Wine (WW 303)

◯ Wholesale Beer (CO 105) ◯ Importer (IL 208) ◯ Cider Wholesaler (CD 304)

** You may only apply for this license type if you are purchasing an existing business that holds a C 103 License*

A Licensed Beer Wholesaler may apply for a separate license to sell cider from its licensed premises using the "Sale of Cider by a Beer Wholesaler Certificate Application" (BC104). The application is located on the SLA Website under the Wholesale Forms.

SUPPLY A COPY OF THE FEDERAL BASIC PERMIT

2. Will any other business of any kind be conducted on said premises? ◯ Yes ◯ No

   (If YES, provide details on a separate sheet)

3. Check all activities the Business will engage in: ◯ Internet Sales ◯ Tastings* ◯ None of these

4. How many employees? _____

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

4b. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).

Workers' Compensation Carrier Name and Policy Number: _____

Disability Insurance Carrier Name and Policy Number: _____

***MARKETING PERMIT REQUIRED FOR OFF SITE TASTINGS. To apply please visit http://www.sla.ny.gov/online-permit-applications**

PLEASE CONTACT THE AUTHORITY AT 518-474-3114, EMAIL licensing.information@sla.ny.gov OR VISIT OUR WEBSITE AT WWW.SLA.NY.GOV FOR INFORMATION ON OTHER LICENSES OR PERMITS THAT MAY BE REQUIRED.

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(Series 1953)
Bulletin #254
December 1, 1953

STATE OF NEW YORK
LIQUOR AUTHORITY

TO: MANUFACTURERS/WHOLESALERS/IMPORTERS

SUBJECT: MINIMUM OFFICE REQUIREMENTS FOR OUT-OF-STATE WHOLESALERS AND LICENSEES OPERATING MORE THAN ONE WHOLESALE PREMISES WITHIN THE STATE OF NEW YORK.

Paragraph 4 of Bulletin #79, issued under date of January 30, 1942, is hereby rescinded. This paragraph dealt with the minimum office requirement for out-of-state wholesalers. These requirements are restated herein and amplified in order to include requirements for licensees operating more than one wholesaler premises within this state. New matter is underlined.

Wholesale licensees having their principal offices in another state and wholesale licensees operating more than one licensed premise within the state are required to observe the same provisions of the law governing wholesalers as licensees operating one principal office within the state. Inquiries have been received from such licensees as to the proper method of operating the licensed premises in this state, particularly with respect to the books and records which are to be kept. For the information and guidance of wholesale licensees, the liquor authority has laid down the following minimum office requirements.

1. The licensed premises must be physically separated from any other premises.
2. No other business may be conducted on the licensed premises.
3. The premises must be in charge of any employee of the licensee, and open during regular business hours.
4. The books and records must be kept on the licensed premises, which shall show:

a. All purchases of alcoholic beverages made within or without the state by the New York licensee, together with the names, addresses and license numbers of the persons from whom the same were purchased. A separate record must be kept of all alcoholic beverages which a branch office receives from the main office which is licensed within the state.

b. All sales of alcoholic beverages made within the state, together with the names, addresses and license numbers of purchasers, including invoices and delivery receipts. A separate record must be kept of all shipments of alcoholic beverages made to the main office of the licensee which is licensed within the State of New York.

c. The receipt of all payments for alcoholic beverages sold within the state.

d. The names and addresses of all employees operating within the state, together with their salaries or commissions and permit numbers. Where the licensee operates more than one premise within the state and where complete records are maintained on a licensed premise within the state and available for inspections, duplicate records of these items are not required to be kept on the premises of the branch office.

e. All expenditures for the maintenance or operations of the New York licensed premises or branch office. Where the licensee operates more than one premise within the state and where complete records of expenditures for the maintenance or operation of all branch offices are maintained on a licenses premise within the state and available for inspection duplicate records of these items are not required on the premises of the branch offices.

All out-of-state wholesalers who are unable to keep the original records on the licensed premises in this state, must apply to the State Liquor Authority in writing for permission to keep duplicate records in place of the originals.

I have read and will comply with Bulletin #254

Signature of Authorized Principal

Date

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PERSONAL QUESTIONNAIRE

a. All principals to the license application must complete this questionnaire in full.
(Lenders, donors and guarantors must also complete this questionnaire.)
*b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.*
c. Make duplicate blank forms as necessary.
d. Answer all questions below.
e. Attach additional sheets if more space is needed.

NAME OF APPLICANT

1. STATEMENT OF IDENTIFICATION

Print **YOUR** name:

Date of birth

Social Security Number

Residence street address

County

City

State

Zip Code

Residence Telephone

Cellular Phone

E-mail Address (Required):

U.S. Citizen ◯ Yes ◯ No

If NOT U.S. citizen - country of citizenship

If ALIEN, registration number or VISA type

List any other names that you may have been known by (including maiden name)

HEIGHT

WEIGHT

SEX ◯ MALE ◯ FEMALE

HAIR COLOR

EYE COLOR

MARITAL STATUS

SPOUSE NAME

SPOUSE'S SOCIAL SECURITY #:

2. Position (or interest) you will hold (check each):

◯ President
◯ Vice President
◯ Secretary
◯ Treasurer
◯ Chairman
◯ Officer
◯ ABC Officer
◯ Other

◯ Director
◯ Manager
◯ Partner
◯ General Partner
◯ Limited Partner
◯ Sole Proprietor
◯ Joint Account Holder

◯ Stockholder ⇨ Number of shares owned
◯ LLC Member ⇨ Percentage of ownership
◯ LLC Manager
◯ Lender*
◯ Donor*
◯ Guarantor*

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

continued on next page

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Print **YOUR** Name

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the Present Date.

Address	From (month/year)	To (month/year)

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.
Add additional sheets if necessary.

From (month/year) To (month/year) Employer

Position Employer Address

Type of business

From (month/year) To (month/year) Employer

Position Employer Address

Type of business

From (month/year) To (month/year) Employer

Position Employer Address

Type of business

continued on next page

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Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

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

5(b) Will you take an active part in the operation of the business to be licensed? ◯ Yes ◯ No

If YES, explain nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? ◯ Yes ◯ No

If YES, provide information below:

Business name	Business address
Type of interest and date interest began	**Serial Number**

Business name	Business address
Type of interest and date interest began	**Serial Number**

Business name	Business address
Type of interest and date interest began	**Serial Number**

continued on next page

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Print **YOUR** Name

5(d) Other than as itemized in 5c above, have you ever applied in New York State or anywhere for 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

continued on next page

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Print **YOUR** Name

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages?

YOU	SPOUSE
◯ Yes	◯ Yes
◯ No	◯ 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
◯ Yes	◯ Yes
◯ No	◯ 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
◯ Yes	◯ Yes
◯ No	◯ No
◯ Not Applicable	◯ 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?

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

YOU	SPOUSE
◯ Yes	◯ Yes
◯ No	◯ No

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

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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

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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.

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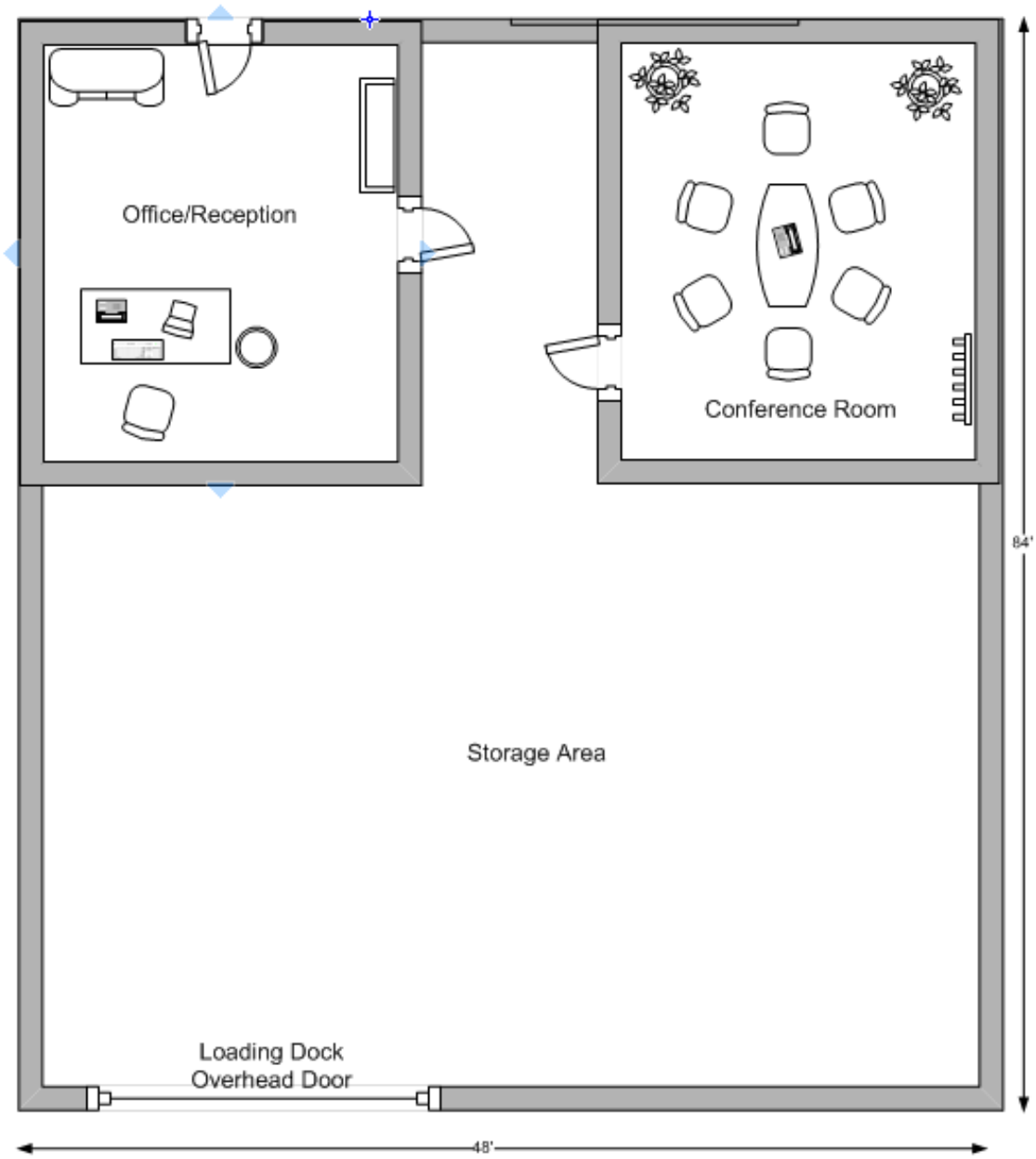
Example of Wholesale Premises
(Office and Storage Diagram)



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