

**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
- (3) Certificate of Disposition for each arrest
- (4) Electronic Fingerprinting (please see fingerprinting instructions on our website)

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 So. Swan Street Suite 900  
Albany, NY 12210-8002  
Telephone: (518) 474-3114

Agency Website Address: [www.sla.ny.gov](http://www.sla.ny.gov)

SLA FORM: 200-009 (11/8/11)

## 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: \_\_\_\_\_