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LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE

GROCERY STORE BEER / DRUG STORE BEER
&
GROCERY STORE BEER-WINE PRODUCT / DRUG STORE BEER-WINE PRODUCT

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.

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

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

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)
- ☐ Detailed Diagrams of the Interior of the premises
- ☐ 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.
- ☐ Pharmacy License Certificate (Drug Stores Only)
- ☐ Photo Identification for all applicant Principals (Copies only)
- ☐ Photos of applicant Principals
- ☐ Photos of the proposed premises (exterior and interior)
- ☐ 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)
- ☐ 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):

- ☐ Assumed Name Filing Receipt (if DBA is used)
- ☐ Certificate of Authority to Collect Sales Tax
- ☐ NYS Department of State Corporate Filing Receipt OR Business Certificate from County Clerk if Sole Proprietor or Partnership
- ☐ Worker's Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage
- ☐ Photos of the premises showing ready to open and operate including grocery inventory

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LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE

GROCERY STORE BEER / DRUG STORE BEER
&
GROCERY STORE BEER-WINE PRODUCT / DRUG STORE BEER-WINE PRODUCT

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:

Trade Name(DBA): (see instructions)
**must be provided if premise will be called by any other name than as listed in the "Name of Applicant"

Premises Street Address:

City: , **NY** Zip Code:

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

Applicant E-mail address (Required):

Mailing Address (if different than above):

City: State: Zip Code:

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):

Is this application filed under the Attorney Certification Program? ◯ YES ◯ NO

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 - List # If Issued:

◯ **Pending**

continued on next page

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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 owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members or LLC managers that are active in the management of the business but may not necessarily hold more than 10% of interest. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders, officers, directors, LLC members or LLC managers that hold less than 10%. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

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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 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 *(ie: 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.*

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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:
(ie. Residential, Business, Mixed)

2a. Describe the type of building in which the premises will be located.

2b. Has the building/premises been known by any other address? ◯ Yes ◯ No

If YES. please specify:

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location? ◯ Currenly 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 never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? ◯ Yes ◯ No

If YES, Name of Licensee: License Serial Number:

continued on next page

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3. Premises (Interior):

3a. List the number of floors in the building as a whole' including the basement:

3b. List the number of floors of the premises to be licensed, including the basement, if applicable:

3c. List the floor numbers where the proposed premises will be located, if it is located within a multi-story building. Example: 2nd & 3rd Floor

3d. Where is the alcohol stored?

3e. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? Show the means of access on the interior diagram(s). ◯ Yes ◯ No

3f. 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: hallway, stairwells, common areas, etc. ◯ Yes ◯ No

If YES, describe:

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PROPOSED METHOD OF OPERATION

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.

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

◯ Grocery Store Beer ◯ Grocery Store Beer & Wine Products ◯ Drug Store Beer ◯ Drug Store Beer & Wine Products

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

(If YES, provide details on a separate sheet)

3. Will the business employ a manager? ◯ Yes ◯ No

3a. If NO, will principal(s) manage? ◯ Yes ◯ No

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

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

4b. **NYS Law requires businesses to carry workers' compensation and disability insurance**
(see instructions)
If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

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.

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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GROCERY STORE LICENSE STIPULATION

WHEREAS, the Applicant has applied to the New York State Liquor Authority for a
License to Sell Beer at Retail in Sealed Containers
for Consumption Off the Premises,
or a
License to Sell Beer and Wine Products at Retail in Sealed Containers
for Consumption Off the Premises,
and
WHEREAS, as is required by ABC Law § 54 (4) or ABC Law § 54-a (2),
the Applicant represents that the Applicant shall operate a Grocery Store,

NOW THEREFORE, IT IS HEREBY STIPULATED BY THE APPLICANT -
in consideration for the New York State Liquor Authority's issuance to the Applicant of a License to Sell Beer at Retail in Sealed Containers for Consumption Off the Premises, or a License to Sell Beer and Wine Products at Retail in Sealed Containers for Consumption Off the Premises, and as a continuing condition of licensure, the violation of which condition constitutes cause for license revocation and/or other disciplinary penalties within the reasonably exercised discretion of the Authority - that the Applicant will operate a bona fide retail Grocery Store, and that such establishment will devote not less than 50% of its public floor space exclusively to the display of the following consumer commodities, however packaged or contained:

(a) food,* including all material, solid, liquid or mixed, whether simple or compound, used or intended for consumption by human beings or domestic animals normally kept as household pets and all substances or ingredients to be added thereto for any purpose; and

b) napkins, facial tissues, toilet tissues, foil wrapping, plastic wrapping, paper toweling, disposable plates; and

(c) detergents, soaps, and other cleansing agents; and

(d) non-prescription drugs, hygiene products, and toiletries.

* **For the purposes of this stipulation, "food" <u>does not include</u> alcoholic beverages and carbonated beverages.**

Name of Applicant Corporation or other Applicant Legal Entity (If Applicable)

Signature

Title or Status of Person Signing (If Applicable)

Printed Name of Person signing

Dated

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PERSONAL QUESTIONNAIRE

a. All principals to the license application must complete this questionnaire in full.
(Lendors, 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 (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	HAIR COLOR	MARITAL STATUS
WEIGHT	EYE COLOR	SPOUSE NAME
SEX ◯ MALE ◯ FEMALE		SPOUSE'S SOCIAL SECURITY #:

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

◯ President	◯ Director	◯ Manager
◯ Vice President	◯ Stockholder	◯ Lender*
◯ Secretary	◯ Partner	◯ Donor*
◯ Treasurer	◯ General Partner	◯ Guarantor*
◯ Chairman	◯ Limited Partner	◯ LLC Manager
◯ Officer	◯ Sole Proprietor	◯ LLC Member
◯ ABC Officer	◯ Joint Account Holder	
◯ Other		

*If Lendor, 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

Print Form

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

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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

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?

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

YOU	SPOUSE
◯ Yes	◯ Yes
◯ No	◯ No

7. Do you have any relationship with the current/previous licensee or any of the principals of the licensee? ◯ Yes ◯ No

If YES, please state exactly what the relationship is (ie: family member, friend, employer, etc.))

8. Signature: _____ Dated

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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 NYS Liquor Authority for a **total 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 in closed 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.

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.

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. NO ADDITONAL FEE IS NEEDED IF PRODUCT IS BEING SOLD TO MULTIPLE PARTIES 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? ☐ Yes ☐ No Inventory attached? ☐ Yes ☐ No Current Lic Surr or Sk? ☐ Yes ☐ No

SLA ACTION: ☐ Approved ☐ Disapproved By: _____ 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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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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◯ Original ◯ 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, bathrooms, etc.
- 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.

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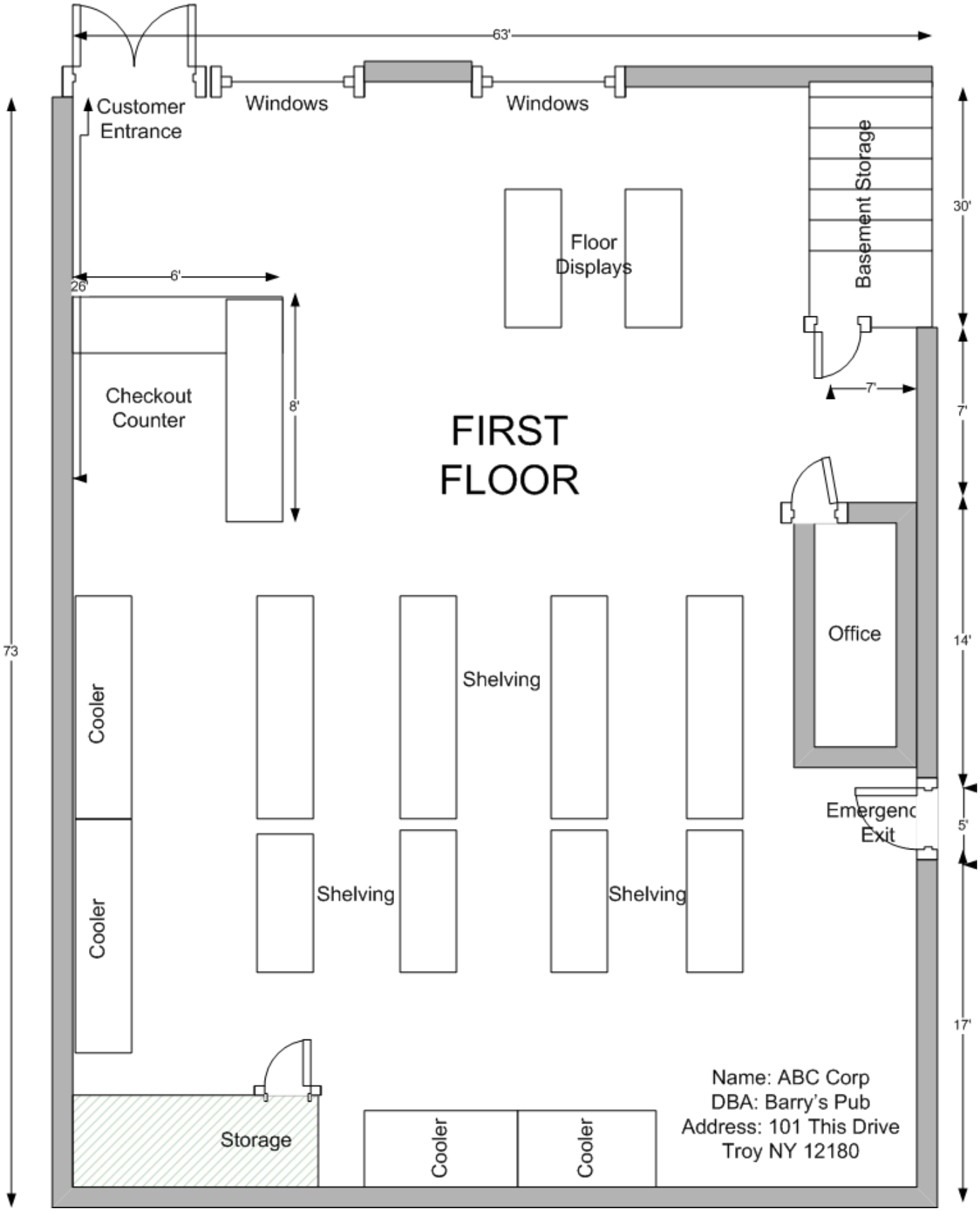
◯ Original ◯ Amended Date _____

EXAMPLE INTERIOR OF GROCERY/DRUG STORE (GROUND FLOOR)



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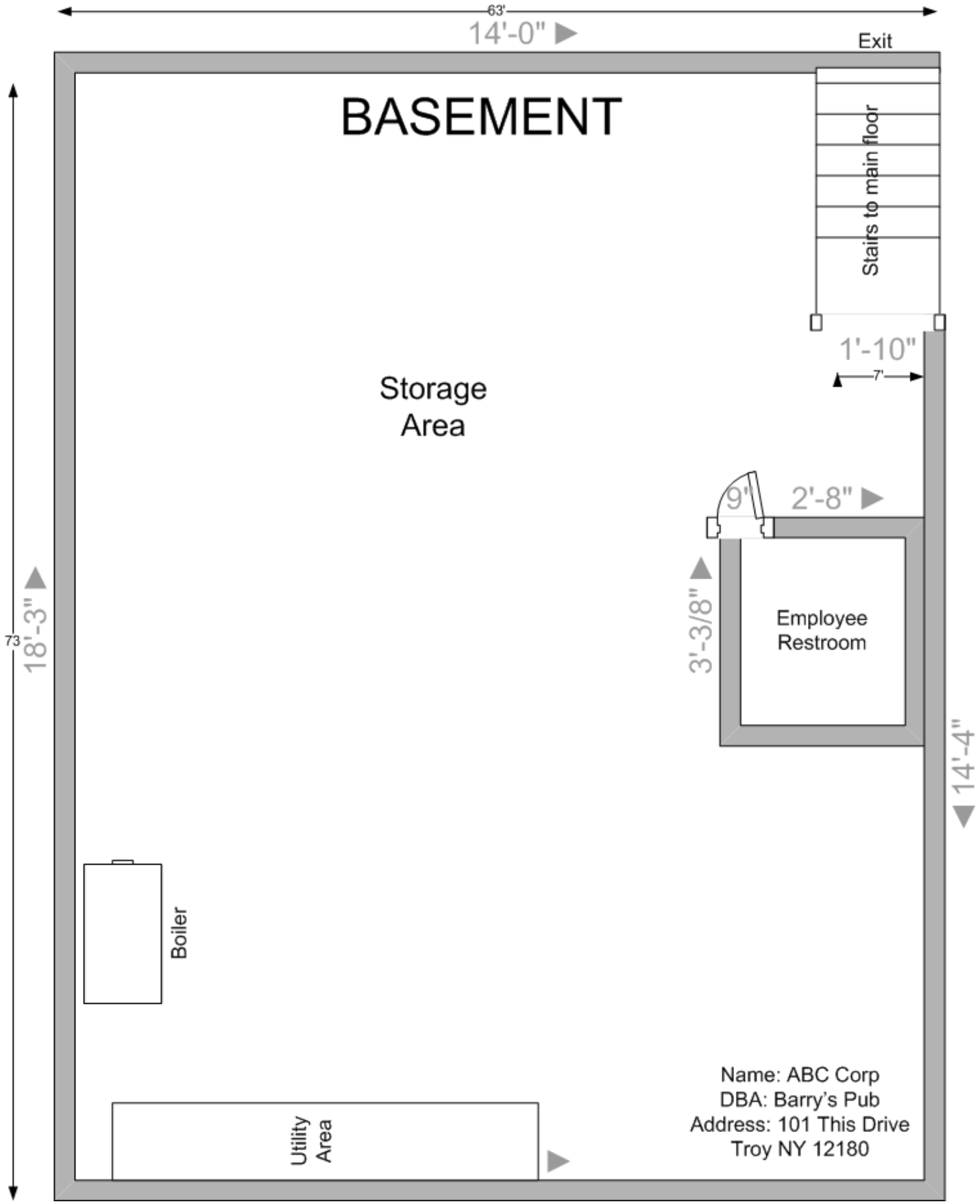
EXAMPLE INTERIOR OF GROCERY/DRUG STORE (BASEMENT)



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