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**NEW YORK STATE LIQUOR AUTHORITY**

**APPLICATION and INSTRUCTIONS**  
**for**

**ALCOHOLIC BEVERAGE CONTROL**  
**MISCELLANEOUS PERMITS**

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- Instructions for completing forms
- Fee Chart
- Applications Forms

**DIRECTIONS FOR COMPLETING THE PERMIT APPLICATIONS**

- Must be **TYPED** or **PRINTED**.(In blue or black ink)
- Complete applicable forms **FULLY**.
- Follow instructions carefully.

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**Completed applications and any supporting information should be mailed to:**

**NEW YORK STATE LIQUOR AUTHORITY**  
**PO BOX 3796**  
**NEW YORK, NY 10008-3796**

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

SLA FORM: 1013 (Revised 01/21/2015)

## **MISCELLANEOUS PERMITS**

This application must be filed with the State Liquor Authority office that supports the county where you will establish your business. See attached schedule.

A permit may be issued for any of the following types of activities. Please read the description of the permits and their conditions **carefully**.

**BOTTLING** - Complete questions 1 through 10, 11, 13, 14, 15 and the signature sheet. A licensed NYS Liquor or Wine Wholesaler-FEE \$ 1,460.00 (3 Years) may conduct no operation other than bottling, recasking, filtering or clarifying under the permit applied for herein, and that such operations will be performed only on the premises of a United States Customs bonded warehouse or in a foreign trade zone established pursuant to federal law, for which premises a warehouse permit has been issued by the Liquor Authority.

**HOTEL OFF-PREMISES** - FEE \$ 325.00 (2 Years). Complete questions 1 through 10, 12, 13, 14 and signature sheet. Authorizes a Hotel, situated in a town or village, licensed to sell liquor and wine for on-premises consumption to sell liquor and wine at retail, to be consumed off the premises. (This permission shall not be granted if an off-premises license has been granted for premises located within 8 miles of such hotel). The applicant must submit the following information with the application:

- A) The four (4) licensed package stores nearest the applied for premises, irrespective of the distance between the stores and the applied for premises and the county in which such stores are located.
- B) Each H.O.P. permittee located within a radius of eight (8) road miles of the applied for premises.

The applicant hereby certifies that the statements and answers contained herein are true of his own knowledge; he also agrees that should the Liquor Authority require the same, he will furnish on demand and at his own cost a survey prepared by a registered or licensed surveyor, engineer or architect setting forth the exact distance between the premises hereinabove applied for and any retail liquor and/or wine stores designated by the Liquor Authority.

**PLENARY MISCELLANEOUS- STORAGE OFF SEASON** ( CLASS MX -612)- Complete questions 1 through 10, and 12, 13, 14, 15, 16 and signature sheet. This permit, issued under Section 99-b of the Alcoholic Beverage Control Law, allows the permittee to store, on the licensed premises, alcoholic beverages owned by the holder of a seasonal license after the expiration of the license period, in anticipation of using such alcoholic beverages in the following seasonal license period.  
*The fee for this permit is \$20.00 plus a \$10.00 filing fee for any quantity up to and including twenty cases of twelve bottles each, and a separate permit shall be required for each twenty cases or fraction thereof.*

**SALE OF WINE AT RETAIL (WHOLESALE)** - FEE \$ 125.00. Complete questions 1 through 10, 14, 15 and the signature sheet. Authorizes a wholesale liquor or wine licensee for a certificate authorizing the sale of wine at retail to a regularly organized church, synagogue or religious organization for sacramental purposes.

**SALE OF WINE AT RETAIL (WINERY)** - FEE \$ 145.00. Complete questions 1 through 10, 14, 15 and the signature sheet. Authorizes a winery for a certificate authorizing the sale of wine at retail to a regularly organized church, synagogue or religious organization for sacramental purposes.

**MISCELLANEOUS PERMITS**

<b>CODE</b>	<b>TYPE OF PERMIT</b>	<b>FEE</b>	<b>ORIGINAL FILING FEE</b>	<b>BOND</b>
WB -605	BOTTLING (LICENSEE) (3 YEARS)	\$ 1,440.00	\$ 20.00	\$5,000.00
HO-622	HOTEL OFF PREMISES (2 YEARS)	\$ 125.00	\$200.00	NO
MX -612	PLENARY – STORAGE OFF SEASON (ANNUAL)	\$ 20.00 (per 20 cases)	\$ 10.00	NO
WR -603	RETAIL WINE SACRAMENTAL (WHOLESALER)	\$ 125.00	NONE	NO
WD -602	RETAIL WINE TO SCRAMENTAL (WINERY)	\$ 125.00	\$ 20.00	NO

Revised 01/21/2015

MISCELLANEOUS PERMITS APPLICATION

Indicate type of permit you are applying for \_\_\_\_\_

Present Permit No: \_\_\_\_\_

- 1) Full name of applicant or licensee \_\_\_\_\_  
(If partnership, name all partners) \_\_\_\_\_  
\_\_\_\_\_
- 2) Street Address of Licensed Premises: \_\_\_\_\_
- 3) City, Town or Village, Zip Code: \_\_\_\_\_
- 4) County \_\_\_\_\_
- 5) Trade Name (DBA) \_\_\_\_\_
- 6) License Number \_\_\_\_\_ Date Issued \_\_\_\_\_
- 7) Post Office address of premises \_\_\_\_\_  
City, Town or Village, Zip Code: \_\_\_\_\_
- 8) Email Address (Required): \_\_\_\_\_
- 9) Telephone Number: \_\_\_\_\_
- 10) Federal Identification Number (FEIN): \_\_\_\_\_
- 11) Does location where alcoholic beverages are stored have a warehouse permit?  
Yes ( ) No ( ) If Yes, permit # \_\_\_\_\_ Date of Issuance \_\_\_\_\_
- 11A) Will any other business of any kind be carried on in said premises? Yes ( ) No ( )  
If yes, give details \_\_\_\_\_
- 11B) Will any alcoholic beverages be subject to any processes while stored on said premises?  
Yes ( ) No ( )
- 12) For Hotel-Off Premises permit (license)- state whether the premises for which this application is filed is within eight (8) miles in any direction of any premises licensed for off-premises sale of liquor or wine at retail \_\_\_\_\_

13) Has the applicant or (if partnership) any of the partners or (if a corporation) any of the officers, directors, or stockholders, or any agent or employee of the applicant, ever been **CONVICTED** (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except traffic violations?: **Yes** ( ) **No** ( )

· If yes, a **CERTIFICATE OF DISPOSITION** or a **CERTIFICATE OF CONVICTION** by the Court Clerk must be attached.

14) Has any license or permit issued for the premises, or any part of the building containing such premises, ever been **Revoked** or **Cancelled**? **Yes** ( ) **No** ( )

· If so, state date and name of former licensee or permittee and specific location in the building where such business was conducted \_\_\_\_\_

\_\_\_\_\_

15) Was an application for any license or permit under the Alcohol Beverage Control Laws of this state or country or any other state or country ever been made by the applicant, any partner or any officer of a corporation? **Yes** ( ) **No** ( )

· If so, state name of applicant \_\_\_\_\_

· Address of premises \_\_\_\_\_

· Date filed \_\_\_\_\_ Disposition \_\_\_\_\_

· Has such license or permit ever been **Revoked, Cancelled, Suspended** or **Otherwise Terminated** or has any other penalty been imposed at any time? **Yes** ( ) **No** ( )

· If so, state what action was taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (add rider if more space is needed)

16) Please provide a detailed description of the alcoholic beverages to be stored or sold on an attached sheet. Indicate number of cases, Brand Name, Type and Size of containers.

\_\_\_\_\_

**THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY  
INDIVIDUAL APPLICANT AND EACH MEMBER OF A PARTNERSHIP**

**The undersigned, each for himself/herself, certifies that he/she is the applicant above named; that he/she knows the contents of the above application and the statements contained therein and the same are true of his/her own knowledge. The undersigned certifies that he/she has read the conditions for the permit applied for and agree to comply with those conditions.**

_____	_____
_____	_____
_____	_____
(Signature of applicant or of each partner)	(Residence) (Home Phone)
_____	_____
(Print Name)	(Dated)

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**THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION**

\_\_\_\_\_ certifies that he/she is \_\_\_\_\_  
(Title)

**of the above named applicant corporation; that he/she knows the contents of the above application and the statements and answers therein; that the same are true of his/her own knowledge; that he/she has been authorized, by order of the Board of Directors of said applicant corporation, group or association to make the statements and answers in this application in behalf of said corporation with the same force and effect as if said corporation made such statements and answers itself. The undersigned certifies that he/she has read the terms and conditions for the permit applied for and agrees to comply with those conditions.**

_____	_____
(Signature of authorized officer)	(Street Address)
_____	_____
(Print Name)	(City, Town or Village)
	_____
	(Zip Code) (Telephone #)
	_____
	(Date)

**TO BE ANSWERED ONLY BY A CORPORATION**

- A) State under what law applicant was incorporated and the date of incorporation.  
\_\_\_\_\_
  
- B) If a foreign corporation, state whether a certificate of authority has been obtained to do business in this state and the date thereof:  
\_\_\_\_\_
  
- C) Supply the following information for all **OFFICERS** and **DIRECTORS** of said corporation as of the date of filing this application.

<b>NAME</b>	<b>RESIDENCE</b>	<b>CITIZENSHIP</b>	<b>TITLE</b>	<b>AGE</b>
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<b>NAME OF APPLICANT</b> (if partnership, name each partner)	<b>RESIDENCE</b>	<b>CITIZENSHIP</b>	<b>TITLE</b>	<b>AGE</b>
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THE APPLICANT HEREBY AGREES ANY APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW, BY ANY PERSON HAVING ANY INTEREST, DIRECT OR INDIRECT EITHER IN THE PREMISES OR IN THE BUSINESS TO BE LICENSED, FOR ANY LICENSE OR PERMIT SHALL BE DEEMED AND MADE A PART HEREOF AND CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTING UPON THIS APPLICATION.

APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND THE ISSUANCE OF THE PERMIT MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CERTIFIED OR REGISTERED MAIL WITHIN 48 HOURS. ANY CHANGE OF FACTS OCCURRING AFTER THE ISSUANCE OF THE PERMIT MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH THE FOREGOING IS A GROUND FOR THE REVOCATION, CANCELLATION OR SUSPENSION OF THE PERMIT.