



STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
STATE LIQUOR AUTHORITY

Standardized **ORIGINAL APPLICATION NOTICE FORM** for Providing a
30-Day Advance Notice to a Local Municipality or Community Board
in connection with the submission to the State Liquor Authority of the
Applicant's Original (First) On-Premises Alcoholic Beverage License Application
for the Establishment Identified in this Notice (Page 2 of 2)

IN ORDER TO MAKE SURE THAT PAGES 1 AND 2 OF YOUR NOTICE ARE NOT SEPARATED OR MISPLACED,
PLEASE RE-ENTER IMMEDIATELY BELOW THE INFORMATION REGARDING YOUR APPLICATION SERIAL NUMBER, NAME, AND TRADE NAME.
YOUR COURTESIES ARE APPRECIATED

15.	Application Serial Number:	
16.	The Applicant's Full Name, as it will appear in the application for the On-Premises Alcoholic Beverage License, is:	
17.	The Full Name of the Applicant's proposed licensed Establishment (the Trade Name under which the proposed Licensed Establishment will conduct business) is:	

INFORMATION REGARDING ANY BUSINESS LICENSED TO SELL ALCOHOLIC BEVERAGES THAT IS CURRENTLY BEING OPERATED IN THE SPACE
WHERE THE APPLICANT INTENDS TO OPERATE HIS/HER/ITS PROPOSED LICENSED ESTABLISHMENT

31.	IF YOU KNOW - Is a business that is licensed to sell alcoholic beverages currently being conducted in the space where you intend to operate your licensed establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I Don't Know <input type="checkbox"/>
32.	Are you buying any asset(s) owned by the operator of the licensed business currently being conducted in the space where you intend to operate your licensed establishment? (For example: good will, equipment, furniture, cookware, dishware, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

IF YOU ANSWERED "YES" TO ITEM 31 or 32, SKIP ITEMS NO. 33 and 34. GO DIRECTLY TO ITEMS NO. 35, 36, 37, 38, 38, and 39.
IF YOU ANSWERED "NO" TO ITEMS 31 and 32, PLEASE PROVIDE THE INFORMATION REQUESTED BY ITEMS NO. 33 and 34.

IF A BUSINESS LICENSED TO SELL ALCOHOLIC BEVERAGES IS NOT CURRENTLY BEING OPERATED IN THE SPACE
WHERE THE APPLICANT INTENDS TO OPERATE HIS/HER/ITS PROPOSED LICENSED ESTABLISHMENT, PLEASE PROVIDE
INFORMATION REGARDING ANY BUSINESS LICENSED TO SELL ALCOHOLIC BEVERAGES THAT WAS MOST RECENTLY OPERATED IN THE SPACE

33.	IF YOU KNOW - Was a business that was licensed to sell alcoholic beverages previously conducted in the space where you intend to operate your licensed establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I Don't Know <input type="checkbox"/>
34.	Are you buying any asset(s) owned by the operator of the licensed business that was most recently conducted in the space where you intend to operate your licensed establishment? (For example: good will, equipment, furniture, cookware, dishware, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

IF YOU ANSWERED "YES" TO ITEM NO. 31 or 32 or 33 or 34, THEN PLEASE ANSWER ITEMS NO. 35 and 36 and 37 and 38 and 39.

INFORMATION ABOUT THE OPERATOR OF THE LICENSED BUSINESS CURRENTLY BEING CONDUCTED (OR MOST RECENTLY CONDUCTED) IN THE SPACE
WHERE THE APPLICANT INTENDS TO OPERATE HIS/HER/ITS LICENSED ESTABLISHMENT. PLEASE PROVIDE THE FOLLOWING INFORMATION:

35.	IF YOU KNOW - The Full Name of the Operator of the licensed business now being conducted (or that was most recently conducted) in the space where you intend to operate your licensed establishment:		I Don't Know <input type="checkbox"/>
36.	IF YOU KNOW - The Full Name of the licensed Establishment (the Trade Name) now being operated (or that was most recently operated) in the space where you intend to operate your licensed establishment:		I Don't Know <input type="checkbox"/>
37.	IF YOU KNOW - The alcoholic beverage license serial number of the business now being conducted (or that was most recently conducted) in the space where you intend to operate your licensed establishment:		I Don't Know <input type="checkbox"/>
38.	IF YOU KNOW - The Type of Alcoholic Beverage License held by the current (or most recent) licensed operator:		I Don't Know <input type="checkbox"/>
39.	IF YOU KNOW - Telephone Number of the current licensed operator or the most recent licensed operator:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	I Don't Know <input type="checkbox"/>

40.	<p>If the Original Application is approved, I am the Person who will hold the License or I am a Principal of the Legal Entity that will hold the License. Representations in this form are in full conformity with representations made in documents that have been submitted (or documents that will be submitted) to the State Liquor Authority, and relied upon by the Authority. I understand that representations made in this form will be also relied upon by the Authority, and that false representations in any document submitted to the Authority may result in revocation of any license that may be issued. By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.</p>		
	Printed Name	Title	Signature
			X