



STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF ALCOHOL BEVERAGE CONTROL

Main Phone #: 518-474-3114

POLICE REFERRAL FORM

IN ORDER FOR THE STATE LIQUOR AUTHORITY TO PROPERLY EVALUATE AND DETERMINE THE APPROPRIATE COURSE OF ACTION ON THIS REFERRAL IT IS NECESSARY THAT THE REPORTING OFFICER/AGENCY SUBMIT COPIES OF ALL ARREST REPORT/S; INCIDENT REPORTS; SUPPLEMENTAL REPORTS; WRITTEN STATEMENTS AND AFFIDAVITS; VERBAL ADMISSION FORMS; DRUG BUY SHEETS; LAB/FIELD TEST REPORTS; NAMES ADDRESSES AND PHONE NUMBERS OF WITNESSES; AND ANY OTHER PERTINENT DOCUMENT/S OR INFORMATION WITH THE REFERRAL

TO: DIVISION OF ALCOHOLIC BEVERAGE CONTROL
ATTN: COUNSEL'S OFFICE
80 SOUTH SWAN, SUITE 900
ALBANY, NY 12210

Date: _____

Information from License Certificate	
License Serial# (Upper left corner)	
Name of Licensee	DBA (Trade Name)
Address of Premises	Certificate # (Lower Right corner)
Date and Time of Violation	Name of Person in Charge and Title (Licensee, Manager, Bartender, Etc)

Status of Investigation: <input type="checkbox"/> Open <input type="checkbox"/> Closed	Supporting Documents Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, explain why and date of approximate availability.
Department:	Officers directly involved:
Address:	
City, Town or Village	Phone # Fax #