

The Renewal Notice previously mailed to you must be submitted with this Renewal Application

PLEASE ALLOW TEN(10) BUSINESS DAYS FOR PROCESSING. BE ADVISED THAT ANY DEFICIENCY IN THE APPLICATION OR FAILURE TO PROVIDE ALL SUPPORTING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR RENEWAL OR MAY LEAD TO THE DISAPPROVAL OF YOUR RENEWAL.

Documents to include with your renewal application:

1. Completed Renewal Application form and Renewal Notice;
2. Personal, business, bank check or money order in the total amount due as listed on the invitation to renew. Write your license serial number on the check. Submit a check or money order with the Renewal Application. Make check or money order payable to New York State Liquor Authority;
3. Original surety bond in the appropriate amount; signed by the licensee; and with the expiration of the bond being the same as the license expiration date on the Renewal Notice previously mailed to you. The bond must have the premises name and address typed exactly as it appears on your license certificate;
4. Notice of appearance if an attorney or representative assisted in completing this renewal application.

If there have been any changes to the principals of the license, any physical changes to the establishment or changes to the approved method of operation you must file the appropriate change application that can be found on our website at: www.state.ny.gov. You must receive approval from the Authority before making any such changes.

The completed application and any supporting information, including the Renewal Notice, should be mailed to our bank lockbox address of:

**M&T Bank Lockbox
New York State Liquor Authority
PO Box 8000-Dept 930
Buffalo, New York 14267**

Please complete all of the fields provided in the form. If the field does not apply to your renewal, please write NA in the field. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

1. Licensed Premises Information

Licensed Premises Name:	<input type="text"/>	License Serial #:	<input type="text"/>
Trade Name (if applicable):	<input type="text"/>	Effective Date:	<input type="text"/>
Federal Employer Identification Number :	<input type="text"/>	Expiration Date:	<input type="text"/>
Certificate of Authority Number:	<input type="text"/>		

Address of the Licensed Premises

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board or notification from the Post Office.

Licensed Premises Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
County:	<input type="text"/>	Email Address:	<input type="text"/>		
Premises Telephone # (include area code):	<input type="text"/>	Contact Phone # (include area code):	<input type="text"/>		

Mailing Address (if different than premises address)

Mailing Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, ever been ARRESTED and/or CONVICTED (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

YES
 NO
 Previously Reported

If YES, complete the chart below and where applicable, submit a **Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities** from the Court Clerk for each case. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Individual Applicant (This section must be completed, signed and dated by the individual applicant.)

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Signature		Title		Date	

B. Partnership (This section must be completed, signed and dated by each partner.)

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature		Title		Date	

B. Partnership *(Continued -attach additional sheets if necessary)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature		Title		Date	

C. Corporation, LLC or LLP *(This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature		Title		Date	