

OFFICE USE ONLY		
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LICENSE

APPLICATION FOR RESTAURANT-BREWER SUPPLEMENTAL LICENSE (MR 910)

Per Section 64(c)(12) of the Alcoholic Beverage Control Law the Restaurant-Brewer Supplemental License permits a Restaurant-Brewer licensee (MR 210) to sell beer brewed on the licensed premises at retail to a person for consumption in their home. It also permits them to sell at retail in bulk by the keg, cask or barrel for consumption and not for resale at a clambake, barbecue, picnic, outing or other similar outdoor gathering at which more than fifty (50) persons are assembled and at wholesale. The supplemental license permits the sale of up to two hundred fifty (250) barrels of beer per year. No person, who holds multiple restaurant-brewer licenses and applies for and receives multiple supplemental licenses, may sell, under those supplemental licenses, in the aggregate more than one thousand (1,000) barrels of beer per year.

The expiration date of the supplemental license will coincide with the expiration date of your restaurant-brewer's license. The license fee will be pro rated by monthly intervals if the license is not issued for a full 3 year duration.

License Fee
 3 Year Fee: \$1,125.00
 Filing Fee: \$100
TOTAL FEE: \$1,225.00

Submit this application with a check or money order made payable to New York State Liquor Authority.
Mail application to: New York State Liquor Authority, Church Street Station, PO Box 3817, New York, NY 10008-3817

Serial Number of Restaurant-Brewer License (MR 210):

Name of Licensee:

Trade Name(DBA):

Premises Street Address:

City: , **NY** Zip Code:

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

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address :

I certify that I intend to comply with all provisions of Section 64(c)(12) of the ABC Law.

Signature of Applicant Principal:

Printed Name of Applicant Principal:

Title of Applicant Principal: Date:

[OFFICE USE ONLY]	
DATE FILED: <input type="text"/>	SERIAL #: <input type="text"/>

OFFICE USE ONLY: Approved Disapproved By: _____ Date: _____