

RENEWAL APPLICATION / INSTRUCTION FORM

The Renewal Advisory 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 Advisory;
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 Advisory 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.
FOR NEW YORK CITY LICENSEES ONLY
5. Renewal Application Notice Form as required by Section 109 Subdivision 2 of the ABC Law;
 - 5a. Proof of 30-day notice to the Community Board which consists of:
 - a. A copy of the certified mail receipt or a copy of the certified mail card - return receipt requested; or
 - b. A copy of the delivery receipt from a commercially recognized delivery service; or
 - c. A copy of the renewal application notice form date-stamped by the Community Board.

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.sla.ny.gov. You must receive approval from the Authority before making any such changes.

The completed application and any supporting information, including the Renewal Advisory, 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**

SEASONAL - RENEWAL

Please complete all of the fields provided in the form. 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

Is your licensed premises closed? YES NO

If yes, is your license in safekeeping with the New York State Liquor Authority? YES NO

Licensed Premises Name: License Serial #:

Trade Name (if applicable): Effective Date:

Federal Employer Identification Number : Expiration Date:

If you hold an on-premises license, please select the method of operation from the following list:

- Bar/Tavern Cabaret Cafe Catering Establishment
 Club (i.e., Fraternal Org) Hotel Night Club Pizzeria Restaurant

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

Address of the Licensed Premises

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

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:

City: State: Zip Code:

County: Email Address:

Premises Telephone # (include area code): Contact Phone # (include area code):

Mailing Address (if different than premises address)

Mailing Address:

City: State: Zip Code:

Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

Address:

City: State: Zip Code:

SEASONAL - RENEWAL

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, been **ARRESTED** and/or **CONVICTED** during this renewal period (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. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

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Signature Title Date

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

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

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Partner Signature Title Date

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

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

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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: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

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Authorized Signature Title Date

All remaining Principals on the license must be listed below. (Attach additional sheets as needed to include all principals)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

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List of other principals continued *(Attach additional pages as needed to include all principals)*

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

D. Club *(This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)*

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Title:

Telephone # (include area code): Cell Phone # (include area code):

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Authorized Signature Title Date