

The undersigned applicant and the applicant's attorney hereby submit this statement to certify certain information contained in this application for a license to sell alcoholic beverages. A response to each question is required. The responses to these questions may enable the examiner to review the application in a timely manner.

- 1) Are the documents included in the application the originals or true and accurate copies of the originals?  
Yes\_\_\_ No\_\_\_
  
- 2) Are all diagrams and all photos accurate to the best of the attorney's knowledge?  
Yes\_\_\_ No\_\_\_
  
- 3) Date of on-site visit to the proposed location conducted by the attorney: (Required)  
Date of visit\_\_\_\_\_
  
- 4) For on-premises liquor establishments, package stores, wine stores and satellite stores, is there a school, church, synagogue or other place of worship on the same street and within 200 feet of the location?  
Yes\_\_\_ No\_\_\_ Not applicable\_\_\_ If not applicable, state the reason why (use additional sheets if necessary):  
\_\_\_\_\_
  
- 5) For on-premises liquor establishments, are there three or more existing on-premises liquor licenses within 500 feet?  
Yes\_\_\_ No\_\_\_ Not applicable\_\_\_ If not applicable, state the reason why (use additional sheets if necessary):  
\_\_\_\_\_
  
- 6) Have the documents with respect to financing been reviewed by the attorney and do they confirm the sources of funding set forth in the application?  
Yes\_\_\_ No\_\_\_
  
- 7) Do the personal questionnaires submitted for the applicant/principals, managers, spouses, lenders, and donors disclose any statutory disqualifications to licensing, or is the attorney aware of any such disqualifications?  
Yes\_\_\_ No\_\_\_ If "Yes," what is the disqualification?  
\_\_\_\_\_
  
- 8) If the applicant has or has had a license in New York State, and is or has been the subject of disciplinary charges, indicate "Yes" and attach a list of all licenses previously or currently held by the applicant.  
Yes\_\_\_ No\_\_\_
  
- 9) Have all principals, managers, spouses, lenders, donors and landlords been disclosed and all required personal questionnaires submitted?  
Yes\_\_\_ No\_\_\_
  
- 10) Does the applicant or any principals report any criminal convictions or pending arrests in the personal questionnaires?  
Yes\_\_\_ No\_\_\_ If "Yes," Which applicant/principal(s)?  
\_\_\_\_\_
  
- 11) Is there any security interest, other than from a lending institution, in alcoholic beverages provided for in any of the loan agreements, leases, etc?  
Yes\_\_\_ No\_\_\_
  
- 12) Are all contracts of sale, leases (or any assignments thereof), etc., valid, fully executed and in the name of the entity applying for the license?  
Yes\_\_\_ No\_\_\_
  
- 13) Do all contracts of sale, leases (or assignments thereof), etc. recite the address of the location as set forth in the application?  
Yes\_\_\_ No\_\_\_

- 14) Is there a clause in the lease, if any, giving a percentage of any of the applicant's gross or net profits to the landlord?  
Yes\_\_\_ No \_\_\_
- 15) Is there a management agreement between the applicant and any other party?  
Yes\_\_\_ No \_\_\_
- 16) For package and wine stores, does the applicant/location comply with the requirements of ABCL Sections 105(1), 105(2) and 105(16)?  
Yes\_\_\_ No\_\_\_ Not applicable\_\_\_ If not applicable, state the reason why (use additional sheets if necessary):  
\_\_\_\_\_
- 17) For on-premises, does the applicant/location comply with the requirements of ABCL Sections 106(1), 106(9), and 106(13) and Part 48 of the Rules of the Authority?  
Yes\_\_\_ No\_\_\_ Not applicable\_\_\_ If not applicable, state the reason why (use additional sheets if necessary):  
\_\_\_\_\_
- 18) Did the applicant and/or their attorney/representative meet with the Community Board/Municipality?  
Yes\_\_\_ No\_\_\_ Not applicable\_\_\_ If not applicable, state the reason why (use additional sheets if necessary):  
  
If yes, what was the date of the meeting? \_\_\_\_\_  
  
If no, New York City applicants must provide a statement explaining why they did not attend the Community Board meeting.  
\_\_\_\_\_
- 19) Did the Community Board/Municipality request the applicant to agree to place stipulations on the license?  
Yes\_\_\_ No\_\_\_ Not applicable\_\_\_ If not applicable, state the reason why (use additional sheets if necessary):  
  
If yes, were all stipulations agreed to by the applicant and incorporated into the application?  
Yes\_\_\_ No\_\_\_  
  
If yes, submit a copy of the executed stipulation agreement.  
  
If no, please submit a statement detailing which stipulations were and were NOT agreed to.  
\_\_\_\_\_
- 20) Is the information given to the relevant Community Board/Municipality on the standardized notice form and in subsequent communications consistent with the information provided in the application?  
Yes\_\_\_ No\_\_\_ Not applicable\_\_\_ If not applicable, state the reason why (use additional sheets if necessary):  
\_\_\_\_\_
- 21) Have all necessary federal, state and local permits and licenses required by the Authority been obtained or will they be obtained prior to the issuance of the license?  
Yes\_\_\_ No\_\_\_
- 22) Have all applicable notice requirements been complied with?  
Yes\_\_\_ No\_\_\_
- 23) Have all required documents been submitted. If not, identify those that would be conditions of the issuance of the license.  
Yes\_\_\_ No\_\_\_
- 24) Are you applying for a temporary retail permit?  
Yes\_\_\_ No\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY

The applicant and the applicant’s attorney understand and acknowledge that the Authority will rely on each and every answer in this statement:

- (1) to determine whether the application can be reviewed in a timely fashion; and
- (2) to determine whether the application should be approved.

The applicant and the applicant’s attorney understand and acknowledge that any false statement or misrepresentation herein will constitute cause for the disapproval of the application or disciplinary action against the licensee if the application is approved, including the possibility of revocation or cancellation of the license.

The applicant and the applicant’s attorney understand that any false statements made in this document are punishable as a Class E Felony under Section 175.35 of the Penal Law.

The applicant’s attorney further states that he/she is an attorney duly admitted (and in good standing) to practice in the courts of the State of New York and affirms, under penalty of perjury, that the attorney has, with due diligence, reviewed the application (which includes all supporting documents) in this matter and that the statements herein are true and that any false statement or misrepresentation herein will be reported by the Authority to the appropriate authorities, including, but not limited to, law enforcement agencies and the Appellate Division in which the attorney practices for appropriate action. In addition, the Authority reserves the right to reject from the expedited review process applications from attorneys who file applications with false, misleading or incomplete information.

Attorneys filing self-certification forms will be required to file a monthly report (by the 10<sup>th</sup> of the month) of all such applications filed the previous month. Failure to timely submit such reports may result in future applications being rejected from the expedited review process.

\_\_\_\_\_  
 Applicant’s signature  
 (If a partnership, all partners must sign)

\_\_\_\_\_  
 Attorney’s signature

\_\_\_\_\_  
 Print name of applicant or principal signing Statement

\_\_\_\_\_  
 Print Attorney’s name

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Applicant’s signature  
 (If a partnership, all partners must sign)

\_\_\_\_\_  
 Attorney New York State Registration No.

\_\_\_\_\_  
 Print name of applicant or principal signing Statement

\_\_\_\_\_  
 Attorney Business Address (Street)

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Attorney Business Address (City, State, Zip)

\_\_\_\_\_  
 Applicant’s signature  
 (If a partnership, all partners must sign)

\_\_\_\_\_  
 Attorney Business Phone Number

\_\_\_\_\_  
 Print name of applicant or principal signing Statement

\_\_\_\_\_  
 Attorney Email Address (if applicable)

Dated: \_\_\_\_\_