
NEW YORK STATE LIQUOR AUTHORITY

APPLICATION & INSTRUCTIONS
for

ALCOHOLIC BEVERAGE CONTROL
SOLICITORS PERMITS

CONTENTS

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DIRECTIONS FOR COMPLETING THE PERMIT APPLICATIONS

- Must be **TYPED** or **PRINTED** (In blue or black ink)
 - Complete applicable forms **FULLY**
 - Follow instructions carefully
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Completed applications and any supporting information should be mailed to:

NEW YORK STATE LIQUOR AUTHORITY
PO BOX 3796
NEW YORK, NY 10008-3796

Agency Website address: www.sla.ny.gov

(Revised 10/17/2014)

SOLICITOR & TEMPORARY SOLICITOR'S PERMITS INSTRUCTIONS

This application must be filed with the State Liquor Authority.

A permit may be issued for any of the following types of activities. Please read the description of the permit and their conditions **carefully**.

TEMPORARY SOLICITOR'S - Complete questions **1,4,6, 7 and signature sheet.**-Authorizes a manufacturer or wholesaler licensee to temporarily employ one or more persons as a temporary solicitor for a period not exceeding sixty consecutive working days provided that within thirty days after such employee has been employed as a solicitor such employee shall file his application for a solicitor's permit with the Liquor Authority. **(Section 93(4) ABC Law) (See attached fee chart)**

SOLICITOR - Complete questions **1, 2, 3, 4, 6, 7, 8, 9, 10 and signature sheet.** - Authorizes the permittee to offer for sale or to solicit orders for the sale of any alcoholic beverage only on behalf of the licensee whose name appears upon such permit. **(Section 93 ABC Law). (See attached fee chart)**

The following information and material is required with the completed application:

- Completion of a Personal Questionnaire.
- Proof of Citizenship
- A bond in the penal sum of \$1,000.00 with a corresponding expiration date including name and home address of the salesperson.
- Salesperson must complete and sign the Photo ID Card authorization section - **Submit a copy of NYS Photo ID.**
- If salesperson is not a U.S. citizen, send a copy of alien registration card or go to the State Liquor Authority in person with naturalization papers.
- Electronic Fingerprinting (please see instructions).

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SOLICITOR PERMIT PRORATED FEE SCHEDULE

SOLICITOR(SP) – EXPIRES 12/31/15

CLASS CODE 641

01/01/13 – 12/31/13 \$78.00 + \$20.00 (FF) = \$98.00

01/01/14 – 12/31/14 \$52.00 + \$20.00 (FF) = \$72.00

01/01/15 – 12/31/15 \$26.00 + \$20.00 (FF) = \$46.00

*****NEED PENAL BOND FOR \$1,000.00 EXPIRING IN 2015

SOLICITOR(SP) – EXPIRES 12/31/18

CLASS CODE 641

01/01/16 – 12/31/16 \$78.00 + \$20.00 (FF) = \$98.00

01/01/17 – 12/31/17 \$52.00 + \$20.00 (FF) = \$72.00

01/01/18 – 12/31/18 \$26.00 + \$20.00 (FF) = \$46.00

*****NEED PENAL BOND FOR \$1,000.00 EXPIRING IN 2018

TEMPORARY SOLICITOR PERMIT PRORATED FEE SCHEDULE

TEMP SOLICITOR (SE) – EXPIRES 12/31/15

CLASS CODE 607

01/01/13 – 12/31/13 \$114.00 + \$20.00 (FF) = \$134.00

01/01/14 – 12/31/14 \$76.00 + \$20.00 (FF) = \$96.00

01/01/15 – 12/31/15 \$38.00 + \$20.00 (FF) = \$58.00

TEMP SOLICITOR(SE) – EXPIRES 12/31/18

CLASS CODE 607

01/01/16 – 12/31/16 \$114.00 + \$20.00 (FF) = \$134.00

01/01/17 – 12/31/17 \$76.00 + \$20.00 (FF) = \$96.00

01/01/18 – 12/31/18 \$38.00 + \$20.00 (FF) = \$58.00

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APPLICATION FOR SOLICITORS & TEMPORARY SOLICITOR'S

1) Indicate type of permit you are applying for _____.

2) Full Name of Applicant _____ Age _____.

3) Residence Address: Street: _____.

City, Town, or Village: _____.

Zip Code: _____ Telephone Number: _____.

Applicant E-mail Address: _____.

4) Name of Manufacturer or Wholesaler _____.

License/Permit Serial No.: _____ Telephone No. _____.

Address of Premises _____.

(Street, City, Town or Village, State and Zip Code)

County _____.

Wholesaler E-Mail Address (Mandatory): _____

(Applicant receipts will be e-mail to the e-mail address provided)

Between what streets (if outside city limits and not known by bldg. #, specify location in relation to nearest road/highway) _____

_____.

Has any changes in facts occurred since the signing of the application for the currently held permit which has not been reported to and acknowledged by the State Liquor Authority in accordance with the provisions of the S.L.A. Law.

Yes _____ No _____ (check one)

If answer is yes, EXPLAIN _____

_____.

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6) Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, or stockholders, or any agent or employee of the applicant, ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except traffic violations? Yes () No ()

7) If yes, please submit, in each case, a CERTIFICATE OF DISPOSITION or a CERTIFICATE OF CONVICTION by the Court Clerk. If yes please submit in each case, a CERTIFICATION OF DISPOSITION, a CERTIFICATE OF CONVICTION or a CERTIFICATE OF RELIEF FROM DISABILITIES FROM DISABILITIES from the Court Clerk.

8) Has the applicant or (if partnership) any of the partners or (if a corporation) any of the officers, directors or stockholders any interest, directly or indirectly, in any premises or business where any alcoholic beverage is manufactured or sold at wholesale or retail, whether by stock ownership, interlocking directors, mortgage or lein on, or ownership of any real or personal property, or by any other means including loans?
Yes () No ()

If yes, set forth the location, any type of such business, the nature of the interest and the date when it was acquired.

9) Is the applicant or (if a partnership) any of the partners or (if a corporation) any of the officers, directors or stockholders a police commissioner or other police official, or subordinate of any police department, or a sheriff, deputy or undersheriff or any other peace officer?

Yes () No () If yes, state name and title of such person:

NAME

TITLE

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THE FOLLOWING CERTIFICATION IS TO BE SIGNED AND DATED BY
THE EMPLOYER OF APPLICANT

- 10) For Solicitors Permits (Employers Name)_____ certifies that
(Applicant's Name)_____ will be employed by them, and that they have compared
the Applicant's Drivers License or Non-Drivers ID photo with the Applicant and that the enclosed
DMV ID # and signature are that of the applicant.

(Signature of licensee or officer of corporation)

(Date)

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**THE FOLLOWING PHOTO ID CARD AUTHORIZATION MUST BE
COMPLETED AND SIGNED BY THE APPLICANT**

The State Liquor Authority produces Solicitor Permit Photo ID cards from records of the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver's License or Non-Driver ID card, please provide your 9-digit DMV ID number in the spaces provided and read and sign the informed consent below.

If you do not have a photo NYS Driver's License or Non-Driver ID card, please visit any nearby NYS DMV office to obtain a Non-Driver ID BEFORE you complete and return this application.

INFORMED CONSENT: I authorize the State Liquor Authority and DMV to produce an ID card bearing my DMV photo. I also understand that the State Liquor Authority and DMV will use my DMV photo to manufacture all subsequent ID cards for as long as I maintain my Solicitor's Permit. I understand that I can withdrawal consent for the use of this digitized image at any time. Requests for withdrawal must be submitted in writing to the State Liquor Authority.

DRIVER's LICENSE ID #: |_|_|_|_|_|_|_|_|_|_|_|_|

(Applicant Signature)

(Date)

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**THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY INDIVIDUAL
APPLICANT AND EACH MEMBER OF PARTNERSHIP**

The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein and the same are true of his own knowledge. The undersigned certifies that he/she has read the conditions for the permit applied for and agrees to comply with these conditions.

(Signature of applicant or of each partner)

(Residence) (Home Phone)

(Dated)

THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION

_____ certifies that he is _____
(Title)

of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge; that he has been authorized, by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said corporation with the same force and effect as if said corporation made such statements and answers itself. The undersigned certifies that he/she has read the conditions for the permit applied for and agrees to comply with these conditions.

(Signature of authorized officer)

(Street Address)

(City, Town or Village)

(Zip Code) (Telephone #)

(Dated)