

---

## NEW YORK STATE LIQUOR AUTHORITY

### INSTRUCTIONS & APPLICATION for **SUNDAY ON-PREMISES SALES PERMIT**

---

#### CONTENTS

- Instructions for completing forms
- Application
- Notification form for providing 30-day advanced notice to a local municipality

#### DIRECTIONS FOR COMPLETING THE PERMIT APPLICATIONS

- Must be **TYPED**
  - Complete applicable forms **FULLY**.
  - Follow instructions carefully.
  - Retain a completed copy of the application for your records.
- 

**Completed applications and any supporting information should be mailed to:**

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

---

## **Description of Sunday On-Premises Sales Permit**

**Sunday On-Premises Sales Permit** - Authorizes an on-premises licensee to sell alcoholic beverages for consumption on the licensed premises on Sunday between the hours of 8am and 10am. The applicant may apply for up to twelve (12) permits per calendar year, the permit is limited to on-premises locations in cities who have a population less than one million.

**The Sunday on-premises sales permit fee is \$35 per day (If the permit is disapproved a \$10 filing fee will be deducted from the refund for each permit)**

**Applicants must notify their local municipality of their intent to apply for the Sunday on-premises sales permit at least 30 days prior to the submission of the permit application by using the attached notification form. A copy of the completed notification along with proof of mailing or hand delivery from the municipality must be submitted with the application. Failure to include the notification form AND proof of mailing or submitting the application without waiting the required 30 days since notifying the municipality may result in disapproval of the application.**

**To provide adequate processing time, applications must be submitted at least 15 days prior to applied for permit date(s).**

### Sunday On-Premises Sales Permit

License Number:  Date(s) of permit:

Name of licensee :   
*(As it appears on license)*

Trade Name(DBA):

Business address Street:

City: , NY Zip Code:  County:

Applicant e-mail address:

Mailing Address if different:

City:  State:  Zip Code:

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY AN AUTHORIZED PRINCIPAL OF THE LICENSED PREMISES.

I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

Signature

Title

Print Name

Date

[OFFICE USE ONLY]  APPROVED  DISAPPROVED



1. Date Notice Was Sent: [ ] 1a. Delivered by: [ ]

2. This form must be submitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality: [ ]

Licensee Information

4. License Serial Number: [ ] 5. Permit Date(s): [ ]

6. License name: [ ]

7. Trade Name (if any): [ ]

8. Street Address of Establishment: [ ]

9. City, Town or Village: [ ], NY Zip Code: [ ]

10. Business Telephone Number of Applicant/Licensee: [ ]

11. Business Fax Number of Applicant/Licensee: [ ]

12. Business E-mail of Applicant/Licensee: [ ]

Representative or Attorney representing the licensee in connection with this permit

13. Representative/Attorney's Full Name: [ ]

14. Street Address: [ ]

15. City, Town or Village: [ ] State: [ ] Zip Code: [ ]

16. Business Telephone Number of Representative/Attorney: [ ]

17. Business Email Address: [ ]

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

17. Printed Name: [ ] Title [ ]

Signature: X \_\_\_\_\_

The above captioned on-premises licensee is applying for a permit with the State Liquor Authority to sell alcoholic beverages on their premises on Sunday between the hours of 8AM to 10AM for the date indicated above .

Please forward any concerns regarding the issuance of this permit to the attention of The New York State Liquor Authority, Permit Unit fax: (518) 474-9804 or e-mail licensing.information@sla.ny.gov