

STATE OF NEW YORK  
LIQUOR AUTHORITY

FEEs  
PERMIT FEE: DEFERRED  
EXTENSION FEE: \$50.00

APPLICATION FOR:  
TEMPORARY PERMIT FOR  
WINERY OR FARM WINERY

PERMIT PERIOD: SIX MONTHS  
EXTENSION: THREE MONTHS

Effective January 1, 1994, the Alcoholic Beverage Control Law was amended by adding Section 76-b to authorize the State Liquor Authority to issue temporary winery and farm winery permits. The fee shall be \$125.00 and that amount will be deducted from the license fee. The temporary permit shall remain in effect for six (6) months and may be extended, at the Authority's discretion, for an additional three (3) months of time upon payment of an additional \$50.00.

**YOU ARE ELIGIBLE FOR THIS PERMIT IF:**

- (a) you file an application to establish a winery to produce or manufacture wine or have a winery or farm winery application pending before the Authority, and the beginning of the harvest season for grapes or any other fruit or product necessary for the production of wine at that facility will occur within 30 days;
- (b) you are in good faith negotiating with or have entered into an agreement with a winery licensee to purchase or obtain part or full ownership rights in an existing and operating winery facility;
- (c) due to unforeseen or an emergency situation, you need a license to ensure the continued or future operation of an existing winery facility.

A temporary wine permittee can perform the same activities as are performed by a winery or farm winery licensee.

Please answer the following questions. Any false statements made by the applicant constitutes perjury.

APPLICANT'S NAME:	DATE FILED:
APPLICANT'S ADDRESS:	TELEPHONE NUMBER:
NAME OF CURRENT LICENSE:	SERIAL NUMBER:
ADDRESS OF LICENSED PREMISES:	DATE LICENSED:
REPRESENTATIVE'S NAME:	TELEPHONE NUMBER:

This certification must be signed by the applicant and swears that the answers and statements made herein are true to their knowledge.

_____ Signature of Applicant	_____ Title	_____ Date
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**DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY**

**LICENSE BUREAU RECOMMENDATION**

SERIAL NUMBER: _____	APPROVED	DISAPPROVED
FEE AMOUNT: _____		
CERTIFICATION NUMBER: _____	NAME: _____	
DATE OF ISSUANCE: _____	DATE: _____	