



Serial Number:	
Applicant Name:	DBA:
Address:	County:
Mailing Address, if different:	Telephone #:
Current License Class/Code:	Proposed License Class/Code:

Required Documentation/Information:

1) License Fee and Filing Fee of the license sought (Refer to the Fee Chart) – this is the amount to be paid:

License Fee: _____

Filing Fee: _____

Total Due: _____

2) The following sections of the Wholesale Application must be filed along with this form:

- a) Application for Alcoholic Beverage Control Wholesale License – pages 1 & 2
- b) Establishment Questionnaire
- c) Method of Operation
- d) Applicant's Statement

3) Submission of a new original bond, Form L-9, in the appropriate amount, with the full name, street address, city, county, state and zip code of the premises listed on the bond. The expiration date must cover the license period.

4) Notice of Appearance (for applicants being assisted by an Attorney/Representative or Third Party)

5) List of Forms Currently on File

6) Amended TTB Permit

7) Certificate of Authority if the new license type has retail privileges

Mail the completed application to: New York State Liquor Authority, Church Street Station, PO Box 3817, New York, NY 10008-3817

OFFICE USE ONLY BELOW:

Date Filed: _____ New Serial Number: _____

Approved or Disapproved _____ Licensing Board: _____ Date: _____