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## WHERE DO I MAIL MY APPLICATION?

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The State Liquor Authority maintains three Zone Offices. Mail your application to the office that supports the county where you will establish your business.

<u>ZONE 1</u>	<u>ZONE 2</u>	<u>ZONE 3</u>
State Liquor Authority 317 Lenox Ave. New York, NY 10027 Phone #(212) 961-8385 Fax #(212) 961-8283	State Liquor Authority 80 S. Swan Street Suite 900 Albany, NY 12210-8002 Phone #(518) 474-3114 Fax #(518) 473-2286	State Liquor Authority 535 Washington St. Buffalo, NY 14203 Phone #(716) 847-3035 Fax #(716) 847-3435
<ul style="list-style-type: none"><li>* Bronx</li><li>* Kings</li><li>* Nassau</li><li>* New York</li><li>* Queens</li><li>* Richmond</li><li>* Suffolk</li><li>* Westchester</li></ul>	<ul style="list-style-type: none"><li>* Albany</li><li>* Broome</li><li>* Cayuga</li><li>* Chenango</li><li>* Clinton</li><li>* Columbia</li><li>* Cortland</li><li>* Delaware</li><li>* Dutchess</li><li>* Essex</li><li>* Franklin</li><li>* Fulton</li><li>* Greene</li><li>* Hamilton</li><li>* Herkimer</li><li>* Jefferson</li><li>* Lewis</li><li>* Madison</li><li>* Montgomery</li><li>* Oneida</li><li>* Onondaga</li><li>* Orange</li><li>* Oswego</li><li>* Otsego</li><li>* Putnam</li><li>* Rensselaer</li><li>* Rockland</li><li>* St. Lawrence</li><li>* Saratoga</li><li>* Schenectady</li><li>* Schoharie</li><li>* Sullivan</li><li>* Ulster</li><li>* Warren</li><li>* Washington</li></ul>	<ul style="list-style-type: none"><li>* Allegany</li><li>* Cattaraugus</li><li>* Chautauqua</li><li>* Chemung</li><li>* Erie</li><li>* Genesee</li><li>* Livingston</li><li>* Monroe</li><li>* Niagara</li><li>* Ontario</li><li>* Orleans</li><li>* Schuyler</li><li>* Seneca</li><li>* Steuben</li><li>* Tioga</li><li>* Tompkins</li><li>* Wayne</li><li>* Wyoming</li><li>* Yates</li></ul>

# INSTRUCTIONS FOR RETAIL APPLICATION (GROCERY STORE/DRUG STORE)

## INTRODUCTION

**PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.**

The following material has been prepared to assist you, the applicant, in developing and filing a completed application which will result in the approval and issuance of the type of license you desire. **It is important to understand that it is your responsibility to present a clear explanation of what you intend to do and how you will accomplish this. Incomplete applications will not be accepted for filing. Please make sure you read the instructions carefully, answer every question and submit any documentation required to support your application.**

### **IMPORTANT: Statutory Disqualification:**

The following are **Statutory Disqualifications** to holding an alcoholic beverage retail license under the A.B.C. Law:

1. Under the age of 21;
2. Not U.S. citizens or aliens admitted to the U.S. for permanent lawful residence;
3. Convicted of any felony, promoting or permitting prostitution, sale of liquor without an alcoholic beverage license;
4. Police officers/police officials;
5. A person whose liquor license was revoked;  
or
6. A person who has a wholesale license.

If any apply to you, identify and explain in sections marked Statutory Disqualification under lines 9 or 10.

### **APPLICATION FOR ABC RETAIL LICENSE**

#### **Line 1**

##### **APPLICANT NAME**

- Enter sole proprietor's full name
- If a partnership, enter full name of each partner.
- If a corporation, enter the corporate name.
- If a limited liability company or limited partnership, enter the company name.
- **IMPORTANT:** Enter telephone number of premises or a telephone number where we can contact **you, the applicant**, not your attorney or representative.

##### **TRADE NAME**

- Enter your DBA – “Doing Business As” name. **You MUST enter a trade name if you are to be known by any other name other than what is listed in APPLICANT NAME. This is the name that your business is known by – the name that appears on your building.**

##### **PREMISES STREET**

- Enter the full address and county of the

premises you are seeking to license (911 street address where applicable).

- Premises mailing address, if different than above.
- E-mail address, if available.

#### **Line 2**

##### **ATTORNEY/REPRESENTATIVE CONTACT NAME**

- Enter the name, address and telephone number of the attorney, representative or contact person for the completion, filing and handling of this application (and email address, if available).

**BE ADVISED THAT NOTICES OF INCOMPLETE APPLICATIONS WILL BE MAILED TO THE APPLICANT AS WELL AS THE ATTORNEY OR REPRESENTATIVE, IF APPLICABLE. YOU, THE APPLICANT, ARE ULTIMATELY RESPONSIBLE FOR THE INFORMATION PROVIDED IN THE APPLICATION.**

#### **Line 3**

##### **ALCOHOLIC BEVERAGE LICENSE TYPE**

- Refer to the Schedule of Retail License Fees for the license class and code number and enter these in the spaces on line 3.

#### **Line 4**

##### **TOTAL PAYMENT DUE**

- Refer to the Schedule of Retail License Fees for the specific license fee and complete the following fee payment work sheet.

##### **FEE PAYMENT WORKSHEET**

- |                |          |
|----------------|----------|
| 1. License Fee | \$ _____ |
| (columns 4-7)  |          |
| 2. Filing Fee  | + _____  |
| (column 8)     |          |

**TOTAL PAYMENT DUE = \_\_\_\_\_**

(sum of lines 1-2 above)

**(Enter this number on application LINE 4)**

- Attach a personal check, certified check or money order payable to the **New York State Liquor Authority** for the **total payment due**.
- **TEMPORARY RETAIL PERMIT FEE (\$128) MUST BE A SEPARATE CHECK. You may only apply for this permit if purchasing an existing establishment from a current licensee**
- **LIQUIDATOR'S PERMIT FEE (\$36) MUST BE A SEPARATE CHECK.** A Liquidator's Permit is required if there is a transfer of alcoholic beverages from seller to purchaser. If alcoholic beverages are not being transferred, a statement, signed by the seller, must be submitted.

#### Line 5

- If applying as a sole proprietor, enter your Social Security Number. Others list Federal Identification Number. This is obtained from the Internal Revenue Service. If applied for and pending, so indicate.

#### Line 6

- All applicants are required to obtain a Certificate of Authority to Collect Sales Tax from the NYS Department of Taxation & Finance. The permit number that appears on your certificate is to be reflected in the box provided.

#### Line 7

- If the proposed premises are outside of the city of New York, are there any restrictions on the sale of alcoholic beverages?
- Check with your city, town or village clerk to determine if there any restrictions that may apply to the sale of alcoholic beverages and list same.

#### Line 8

##### **SOLE PROPRIETOR, PARTNERSHIP AND LIMITED LIABILITY PARTNERSHIP (LLP)**

- Enter the name, residence address, social security number and date of birth of the applicant(s).
- If **10 or less partners**, list all. If **more than 10 partners**, see instructions for "more than 10" in line 10 below.
- Proof of citizenship/alien status, personal questionnaires, copy of photo identification, an original color photo (passport size) and fingerprints are required on all.

#### Line 8a

- Enter the name, residence address, social security number and date of birth of the manager of your business, if applicable.

#### Line 9

##### **CORPORATIONS AND LIMITED LIABILITY COMPANIES (LLC)**

- Enter names, residence address, social security number and date of birth of stockholders, officers, directors, (If LLC, members and managing members), if any, as follows:
  - If **10 or less**, list all stockholders, officers, directors, members and managers, if any, and provide personal questionnaires, proof of citizenship or alien status, copy of photo identification, original color photo (passport size) and fingerprints for all.
  - If **more than 10 shareholders**, list all shareholders owning 10% or more of any class of its shares, and provide personal questionnaires, proof of citizenship or alien status, copy of photo identification, original color photo (passport size) and fingerprints for those individual. List all officers, directors, members and managers, if any, (and provide personal questionnaires, proof of citizenship, copy of photo identification, original color photo (passport size) and fingerprints for all active in management of business. Provide listing including name, address, citizenship and any statutory disqualification for all others having any interest.
- For Publicly Traded Corporations, provide copy of annual report listing all officers, directors and financial statement.

#### Line 9a

- Enter the name, residence address, social security number and date of birth of the manager of your business, if applicable.

#### **RIGHT TO PREMISES**

- Check the appropriate box disclosing how you are in possession of the premises (own, lease, etc).
- If you own the premises you must supply the deed. If you have purchased the real property within the past year, you are required to provide documentation showing the source of the funds used for the purchase.
- If you are leasing the premises you must submit a signed copy of the lease or a letter of intent. The letter of intent must list the intended term and rent amount. The lease **MUST** run for the **FULL** term of the license or be renewable for at the least the full term.
- Answer all questions here regarding the lease arrangements. **NOTE: The lease must state the**

**EXACT location of the premises in the building.**

### **INTERESTED PARTIES**

- Check YES if there is a license already in effect for the premises in which the applicant is seeking a license and state the name of the licensee and license serial number.
- **IT IS STRONGLY SUGGESTED THAT YOU CONTACT THE STATE LIQUOR AUTHORITY BEFORE YOU FILE AN APPLICATION TO DETERMINE IF THERE ARE ANY DISCIPLINARY ACTIONS PENDING THAT MAY EITHER DELAY OR PREVENT THE ISSUANCE OF A LICENSE AT THE PROPOSED PREMISES. . PLEASE BE AWARE THAT WE MAY NOT DISCLOSE A PENDING INVESTIGATION AT A LOCATION.**
- List any person or entity that will share in a percentage of profits or losses of the business.
- List any interest you, the applicant, have in a premises or business where any alcoholic beverages are manufactured or sold at wholesale or retail.

### **LANDLORD IDENTIFICATION**

- All applicants are required to have the owner of the property (landlord) where the proposed premises is to be located complete this Section. (If YOU own the property YOU must complete this section as landlord.) All questions must be answered accurately and completely. All individuals or principals of the landlord corporation must be listed on this form.
- If you own the property under a name other than the name you are applying for license under, you are required to submit a lease between both entities.

### **LIST OF EXPENSES**

- List the amount of money spent (or intended to be spent) for each item listed on this page.
- If the real property has been purchased by the principals of the LLC or Corporation under a different entity name, a separate List of Expenses should be completed by that entity.
- Identify ALL sources of funds. This includes cash and deferred funds as follows: savings, checking, stock, business accounts, property, gifts or loans, etc.
- Provide bank statement(s) that show you have sufficient funds for this venture. If any finances have already been expended, provide statements to reflect you had the funds at that time.

- For personal bank accounts provide an explanation for any deposits over \$5,000.
- Personal questionnaires are required on all lenders, donors, giftors and all persons listed on bank accounts that the funds will be withdrawn from. The applicant must account for and document the source of all funds invested in the proposed business or premises.
- Loan agreements are required (even if the loan is between family members) for every loan showing the terms of the loan and default clauses. If the money is gifted from anyone other than a spouse, a letter stating the finances are a gift must be provided.
- You are not limited to the above. Submit any and all records, documents and/or affidavits that may assist you in explaining your financing, background and operation of the applied for business. Attach additional sheets and explanations, if necessary. More information may be required if deemed necessary to process the application.

### **ESTABLISHMENT QUESTIONNAIRE**

- Answer ALL questions completely. Please do not answer “see attached” to any question. **Any incomplete answer may delay or prevent the processing of the application.**
- In this section you must describe the premises to be licensed.
- You must indicate what floor(s) the licensed premises will be located on and answer all questions pertaining to the interior of the premises to be licensed including what each room in the premises to be licensed will be used for and access between floors.
- If there is interior access from the floor(s) you are licensing to any other floor(s) of the building (whether or not you are licensing those floor(s)), you MUST describe the means of access (ie. stairs, elevator) and state what occupies the other floor(s) (ie. apartments, offices). If you are using the basement or another floor(s) of the building to store alcoholic beverages, that area must be included as part of the licensed premises. If there is no interior access to the storage area from the floor(s) you propose to license, you must file for a Warehouse Permit (this application is available on our website). Please make sure to answer this question accurately on the Establishment Questionnaire to avoid any confusion or delays in processing your application.

**HELPFUL HINT: You may find it easier to prepare your diagram of the premises prior to completing this section....seeing the layout**

**of the premises may help you in answering the questions.**

#### **METHOD OF OPERATION**

- Answer ALL questions completely. The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission by the Authority.
- **Any change in method of operation, other than hours, must be approved by the State Liquor Authority prior to initiating the change.**
- If you are employing a manager, they must provide a Personal Questionnaire, photo identification and original color photo no smaller than 2"x2".
- If sole proprietor with more than one employee, **whether or not they are family members**, or if a partnership, Limited Liability Partnership (LLP), Limited Liability Company (LLC) or a corporation, provide Workers' Compensation/Disability Benefits Carrier Name and Policy Number. If applied for and pending, so indicate.

#### **INVENTORY EXPENSES & STIPULATION (Grocery Stores Only)**

- Please read this section carefully. This stipulation certifies that the applicant will operate a bona fide retail Grocery Store, and that such establishment will devote not less than 50% of its public floor space exclusively to the display of consumer commodities listed on the stipulation, however packaged or contained. You must maintain this percentage throughout the life of the license.

#### **PROOF OF CITIZENSHIP**

- This section must be completed by an attorney duly admitted to practice law in New York State. This section is not required for natural born citizens.

#### **APPLICANT'S STATEMENT**

- Please read this section carefully. This section is an affirmation that you understand that you are bound by the answers and information you provide in the application.
- Applicant signatures required for: sole proprietors, each partner in a partnership and at least one authorized official of a corporation.

#### **APPLICATION FOR LIQUIDATOR'S PERMIT**

- This section must be completed and filed by the **LICENSEE who is selling or liquidating their business and will be disposing of their stock of alcoholic beverages in connection with such sale. A list of the inventory being liquidated must accompany this application.**

#### **PERSONAL QUESTIONNAIRE -THIS FORM MUST BE COMPLETED IN FULL BY THE FOLLOWING PERSONS:**

- All sole proprietors.
- Each partner in a partnership.
- For Corporations or Limited Liability Companies (LLC), see instructions for Line 10 of the application.
- Managers.
- Individual lenders, donors and giftors (state your relationship to the applicant).
- Co-signers of loans.
- Spouses who assist in management of premises; will be employed at the premises or who hold joint bank accounts with applicant.
- Anyone holding a joint account of an individual who will be providing funds for this venture, whether the applicant, a lender or donor.

**NOTE: Additional information may be requested on any individual submitting a personal questionnaire if needed to complete the review of the application. Each questionnaire must be signed and dated.**

#### **THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION:**

**ALL APPLICANTS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY:**

#### **ELECTRONIC FINGERPRINTING**

#### **PERSONS REQUIRED TO BE FINGERPRINTED:**

- All sole proprietors.
- All partners in a Partnership and Limited Liability Partnership (LLP).
- For Corporations and Limited Liability Companies (LLC) see instructions for line 10.

**NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.**

- Each applicant required to be fingerprinted will be instructed to contact L-1 Enrollment Services

after the successful submission of your applications.

- The fee for electronic fingerprinting is \$105.75 and will be paid directly to L-1 Enrollment Services when you are fingerprinted.

#### **PENAL BOND (FORM L-9)**

- Submit an **ORIGINAL** penal bond, Form L-9, in the sum of \$1,000, issued by any qualified surety company authorized to execute such bonds in the State of New York.
- **IMPORTANT: The bond MUST have the premises name and address typed EXACTLY AS IT APPEARS ON THE APPLICATION.**
- **Altered or handwritten bonds are not acceptable (i.e.: whiteouts, typeovers).**
- **The expiration date on the bond must indicate only the year of expiration of the license.**
- **The applicant MUST SIGN THE BOND.**

#### **CONTRACTS**

- Submit a copy of the contract of sale or purchase of business/stock, etc. The name of the person/entity listed as purchaser on the contract of sale must be the name of the applicant as it appears on the Application for Alcoholic Beverage Control Retail License.

**A CONTRACT OF SALE MUST BE SUBMITTED IF PURCHASING AN EXISTING BUSINESS AND APPLYING FOR A TEMPORARY RETAIL PERMIT.**

#### **PHOTOGRAPHS**

- Must be at least 5" x 7" and NO POLAROIDs.
- **Interior Photographs** – Photos must show a full view of the room or rooms – this includes the grocery inventory and any kitchen or food preparation area.
- **Exterior Photographs** – Showing front of premises, structure or proposed site.
- **PHOTOS ARE REQUIRED AT THE TIME OF FILING THE APPLICATION. ADDITIONAL PHOTOS MAY BE REQUIRED IF RENOVATIONS OR CONSTRUCTION IS NOT COMPLETED AT THE TIME OF FILING.**
- You may submit your photos electronically. Please refer to the detailed instructions on our website.
- All hard copy photographs submitted **MUST BE ENDORSED** on the reverse side with the name and address of the applicant and the date when the photographs were taken.

#### **DIAGRAMS**

- **All diagrams must be submitted on 8 ½" x 11" paper AND MUST BE CLEARLY MARKED.**
- **See examples at end of instructions.**
- 1. **Interior Diagram:**
  - Diagram or sketch of the interior with dimensions. Include ALL floors that will be part of the licensed premises (including the basement or any other floor being used for the storage of alcoholic beverages). Label all rooms, including bathrooms, and the basement or any other floor if part of the licensed premises (ie. storage room, office).
  - Each floor should have its own diagram (including any floor used for the storage of alcoholic beverages).
  - Show all entrances and exits, sanitary facilities, display windows or other openings, counters, closets, shelves and storage areas.

#### **FILING RECEIPT OR ASSUMED NAME CERTIFICATE**

- If applying as a Corporation, LLC or LP you must submit a Filing Receipt issued by the NYS Department of State showing proof of incorporation.
- If you have a trade name (DBA) you must file an Assumed Name Certificate issued by the NYS Department of State.

#### **NOTICE OF APPEARANCE**

- Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection a record of who appears before it for a fee as a third party (i.e. an attorney, an agent, a lobbyist or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency.
- This form must be completed and submitted by **all** represented applicants.
- If you have not had any assistance with the filing of the application and/or have not paid a fee to anyone for any assistance in the preparation or filing of this application, write "Not Represented" on the form, sign your name on line 6 and submit with the application.
- If you were assisted in the preparation and/or filing of the application, you must have the person you paid complete and submit the Notice of Appearance with the application.

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## FILING CHECKLIST

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You can have the greatest impact on a timely licensing decision by reading the instructions thoroughly and submitting a complete application. After you have completed the application, use this checklist to ensure that you have met all filing requirements. Failure to submit any of the required documents may result in the rejection of your application or processing delays.

- Did you complete every question on each required form?
- Did you remember to submit the following?

\_\_\_\_\_ Application (with all questions answered)  
\_\_\_\_\_ Application Payment Fee  
\_\_\_\_\_ Penal Bond  
\_\_\_\_\_ Photographs of Interior and Exterior of the Premises to be Licensed  
\_\_\_\_\_ Personal Questionnaire  
\_\_\_\_\_ Proof of Citizenship & Photo Identification of all Principals  
\_\_\_\_\_ Contract of Sale or Conveyance  
\_\_\_\_\_ Lease Agreement  
\_\_\_\_\_ Landlord Identification Questionnaire  
\_\_\_\_\_ Diagrams  
\_\_\_\_\_ Copies of Bank Statements and Loan Agreements  
\_\_\_\_\_ Certificate of Authority to Collect Sales Tax  
\_\_\_\_\_ Federal Tax Identification Number  
\_\_\_\_\_ Filing Receipt (for Corporations, LLC's or LP's) and/or Assumed Name Certificate for Trade Names (DBA's)

- REMEMBER – Licenses cannot be issued without:

\_\_\_\_\_ Certificate of Occupancy  
\_\_\_\_\_ Worker's Compensation/Disability Benefits Policy Number

- Did you sign?

\_\_\_\_\_ Applicant's Statement  
\_\_\_\_\_ Personal Questionnaire  
\_\_\_\_\_ Personal or Certified Check to the New York State Liquor Authority  
\_\_\_\_\_ Penal Bond

### REMINDER:

*Everything submitted in support of this application must be identified with the name and address of the premises.*