

APPLICATION FOR REPRESENTATIVES

- 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: _____.
- 4) Name of Manufacturer or Wholesaler _____
· License/Permit No. _____ Telephone No. _____
· Address of Premises _____
(Street, City, Town or Village, State and Zip Code)
· County _____
· 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 _____
_____.
- 5a) For Negotiator's Permit only: Is the applicant duly licensed to manufacture or sell alcoholic beverages at wholesale level in the state or country in which it is located?
Yes () No ()
- 5b) If a foreign manufacturer please attach a copy of the license or a letter from the Consular or governmental agency.

5c) List below the names and addresses of the representative (only two permitted) who will be authorized to conduct negotiations:

NAME

ADDRESS

5d) Indicate the type and brand names of the alcoholic beverages which will be offered to wholesalers in New York. If additional space is needed, please attach a list of the brand names.

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.

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 lien 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 under sheriff or any other peace officer?
Yes () No () If yes, state name and title of such person.

NAME

TITLE

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)

11) State nature of business in which applicant is currently engaged: _____

12) Business Address: _____

**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)

**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)

**REPRESENTATIVES PERMITS
FEE CHART**

CODE	TYPE OF PERMIT	FEE	ORIGINAL FILING FEE	BOND	FINGERPRINT NEEDED
SE – 607 (pro-rated)	TEMPORARY SOLICITORS (3 Years) (2 Years) (1 Year)	\$114.00 \$ 76.00 \$ 38.00	\$20.00	NO	NO
SP – 641 (pro-rated)	SOLICITOR'S (3 Years) (2 Years) (1 Year)	\$ 78.00 \$ 52.00 \$ 26.00	\$ 20.00	\$1,000.00	YES
BK – 642	BROKERS (3 Years)	\$768.00	\$ 20.00	\$1,000.00	YES
NA – 647 (pro-rated by six months at a time)	NEGOTIATOR (3 Years) (2 ½ Years) (2 years) (1 ½ Years) (1 Year)	\$600.00 500.00 400.00 300.00 200.00	\$ 20.00	NO	NO

WHERE TO FILE THE APPLICATION

- Please mail your application to one of the State Liquor Authority Zone offices listed below which supports the county in which you will be doing business.

ZONE 1	ZONE 2		ZONE 3
<p>State Liquor Authority 317 Lenox Ave. New York, NY 10027</p>	<p>State Liquor Authority Alfred E. Smith Building 80 So. Swan St., Suite 900 Albany, NY 12210-8002</p>		<p>State Liquor Authority Iskalo Electric Tower Building 535 Washington St., Suite 303 Buffalo, NY 14203</p>
<p>Bronx Kings Nassau New York Queens Richmond Suffolk Westchester</p>	<ul style="list-style-type: none"> ▪ Albany ▪ Clinton ▪ Columbia ▪ Dutchess ▪ Essex ▪ Franklin ▪ Fulton ▪ Greene ▪ Hamilton ▪ Montgomery ▪ Orange ▪ Putnam ▪ Rockland ▪ Rensselaer ▪ Saratoga ▪ Schenectady ▪ Schoharie ▪ Sullivan ▪ Ulster ▪ Warren ▪ Washington <ul style="list-style-type: none"> ▪ Broome ▪ Cayuga ▪ Chenango ▪ Cortland ▪ Delaware ▪ Herkimer ▪ Jefferson ▪ Lewis ▪ Madison ▪ Oneida ▪ Onondaga ▪ Oswego ▪ Otsego ▪ St. Lawrence 		<p>Allegany Cattaraugus Chautauqua Chemung Erie Genesee Livingston Monroe Niagara Ontario Orleans Schuyler Seneca Steuben Tioga Tompkins Wayne Wyoming Yates</p>

PERSONAL QUESTIONNAIRE

- ◆ All principals to the license application must complete this questionnaire in full.
- ◆ Answer all questions below.
- ◆ Make duplicate blank forms as necessary.
- ◆ Attach additional sheets if more space is needed.

NAME OF APPLICANT: _____

1. Statement of Identification

Print YOUR name:		Date of birth:
Residence street address of above:		Social Security number:
County:		E-mail address:
City, State, Zip:		Telephone number (residence):
U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NOT U.S. citizen - country of citizenship:	If Alien, registration # or Visa type:

List any other names that you have been known by (including maiden name):

Height _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Weight _____	Hair Color _____ Eye color _____	Marital Status _____ Spouse Name _____ Spouses Social Security #: _____
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2. Residences for the past TEN years. (If more space is required, attach additional sheets):

Address	From (month/year) To (month/year)

3. Your occupation for the past TEN years. (If more space is required, attach additional sheets).

From/To (month/year)	Employer	Address	Type of Business	Position

4. Position (or interest) you will hold in the license application (check each):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Director | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Stockholder | <input type="checkbox"/> Lender |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> General Partner | <input type="checkbox"/> Guarantor |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Limited Partner | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> LLC Member |
| <input type="checkbox"/> OTHER _____ | | |

5. LICENSE HISTORY / AFFILIATIONS

Section M

If you are an applicant (i.e.: proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business?

YES NO

If YES, list hours you will devote to business sought to be licensed:

Will you take an active part in the operation of the business to be licensed?

YES NO

If YES, explain nature of activity (hours, day, week):

Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?

YES NO

If YES, provide information below:

Business Name	Business Address	Date Interest Began	Liquor License No.
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Other than as itemized in the above, have you ever applied in New York State, or Anywhere for a license or permit to traffic in alcoholic beverages, including Any application as a partnership or corporation in which you are/were a principal?

YES NO

If YES, provide information below:

Name of applicant	Address of premises	Date of filing	License No.	Disposition
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Has a license or permit listed above been REVOKED, CANCELED Or otherwise **Involuntarily Terminated**?

YES NO

If YES, state action and date of action, and give details:

Are you a police commissioner, other police official, subordinate of any police Department, a Sheriff, Deputy, Under-Sheriff or any Peace Officer?

YES NO

If YES, provide details?

6. CONVICTION RECORD & PENDING CRIMINAL CASES

Section M

- (a) Have you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages? YES NO

If YES, supply details (attach additional pages as necessary):

- (b) Have you or your spouse (or any officer, director, shareholder or partner Listed in this application or the spouse of such person) ever been CONVICTED (including pleas of guilty or suspended sentences of any felony, misdemeanor (including driving while intoxicated or impaired) or any other type of offense EXCEPT MINOR TRAFFIC INFRACTIONS? YES NO

- (c) If YES, attach a **Certificate of Disposition** by the court clerk for each case And a Certificate of Relief from disabilities if available and submit an Affidavit explaining all details. If you have reported all convictions to this Authority and were subsequently approved for a license, check here: Approved: _____

- (d) Are there any **ARRESTS, INDICTMENTS or SUMMONSES** other than minor traffic infractions PENDING against you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) – including driving while intoxicated or impaired? YES NO

- (e) IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

- (f) If you are an applicant (i.e. proprietor, partner, stockholder, officer or Director), would any of the above questions require a YES answer if asked of your spouse? YES NO

7. INFORMATION CONCERNING AVAILABILITY OF PREMISES

Explain how you became aware of the availability of the proposed premises.

IMPORTANT: Submit any and all records, documents and affidavits that you feel may assist you in explaining the source of monies you will provide the applicant as per instruction sheet.

State **TOTAL AMOUNT OF MONEY** you are providing the applicant: \$ _____

Type of Investment <i>(Investment Loan, Contract Debt)</i>	Type of Investment Dollar (\$) Amount	Source of Funds <i>(Accounts, Loans, Gifts, Asset Sales, etc.) (enter identification numbers for accounts)</i>

If you are guaranteed a loan as a co-signer or putting up something of value as collateral.

Identify Co-Signer or Collateral	Identify Loan/Describe Collateral

I understand that the information I submit will be relied upon by the State Liquor Authority and a false statement or misrepresentation will constitute cause for the disapproval of the application or revocation of any license for which this application is submitted.

I verify that statements made herein are true and if any change occurs prior to the receipt of the license, I will notify the Authority by registered or certified mail within 48 hours or if change occurs after the receipt of the license, I will notify the Authority similarly within 10 days. I understand that failure to give the required notice will violate the Alcoholic Beverage Control Law and may result in revocation of the license.

Signature of Applicant

Date