

MISCELLANEOUS PERMITS

Indicate type of permit you are applying for _____

Present Permit No: _____

1) Full name of applicant or licensee _____
(If partnership, name all partners) _____

2) Street Address of Licensed Premises: _____

3) City, Town or Village, Zip Code: _____

4) County _____

5) Trade Name (d.b.a.) _____

6) License Number _____ Date Issued _____

7) Post Office address of premises _____

8) City, Town or Village, Zip Code: _____

9) Telephone Number: _____

10) Between what streets (if outside city limit and not known by bldg. #, specify location in relation to nearest road/highway): _____

11) Title (if applicable) Marshall, Receiver, Executor, etc. _____

12) Specify the date for proposed event, sale, tasting by supplier, auction or semester dates of the class or course of classes to be given: _____

12A) Indicate the name and address of the licensed establishment where the event, sale, tasting by supplier or auction will take place:

• Name _____ • Trade Name _____

• Premises Address _____

• City, town or village and zip code _____

• License Number _____ • Telephone No. _____

- 13) Indicate the location where the alcoholic beverages are stored or where sale, class, auction or rectifying will take place _____

- 13A) Name of Rectifier _____ License No. _____
- 13B) Name of Instructor(s) _____
- 14) Does location where alcoholic beverages are stored have a warehouse permit?
Yes () **No** () If Yes, permit # _____ Date of Issuance _____
- 14A) Will any other business of any kind be carried on in said premises? **Yes** () **No** ()
If yes, give details _____
- 14B) Will any alcoholic beverages be subject to any processes while stored on said premises?
Yes () **No** ()
- 15) Does the applicant hold a transportation permit?
Yes () **No** ()
- 16) Please indicate how you came into possession of the alcoholic beverages _____

- 16A) Were they owned by a licensee or former licensee **Yes** () **No** ()
List name and license number _____

- 17) For Fire Insurance/Salvage Co. Only - Name and address of licensed premises where fire occurred: _____

- 18) Date the fire occurred: _____
- 19) For Hotel-Off Premises permit (license)- state whether the premises for which this application is filed is within eight (8) miles in any direction of any premises licensed for off-premises sale of liquor or wine at retail _____
- 20) 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** ()
- If yes, a **CERTIFICATE OF DISPOSITION** or a **CERTIFICATE OF CONVICTION** by the Court Clerk must be attached.

21) Has any license or permit issued for the premises, or any part of the building containing such premises, ever been **Revoked** or **Cancelled**? **Yes** () **No** ()

- If so, state date and name of former licensee or permittee and specific location in the building where such business was conducted _____

22) Has any application been made, for said premises as any part thereof, for the issuance of a bonded warehouse permit, under the United State Customs Regulations. **Yes** () **No** ()

- If so, give date of such action, name of former licensee or permittee and the specific location in the building where such business was conducted under said license or permit:

23) Was an application for any license or permit under the Alcohol Beverage Control Laws of this state or country or any other state or country ever been made by the applicant, any partner or any officer of a corporation? **Yes** () **No** ()

- If so, state name of applicant _____

- Address of premises _____

- Date filed _____ Disposition _____

- Has such license or permit ever been **Revoked, Cancelled, Suspended** or **Otherwise Terminated** or has any other penalty been imposed at any time? **Yes** () **No** ()

- If so, state what action was taken _____

_____ (add rider if more space is needed)

24) Please provide a detailed description of the alcoholic beverages to be stored or sold on an attached sheet. Indicate number of cases, Brand Name, Type and Size of containers.

**THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY
INDIVIDUAL APPLICANT AND EACH MEMBER OF A PARTNERSHIP**

The undersigned, each for himself/herself, certifies that he/she is the applicant above named; that he/she knows the contents of the above application and the statements contained therein and the same are true of his/her own knowledge. The undersigned certifies that he/she has read the conditions for the permit applied for and agree to comply with those conditions.

(Signature of applicant or of each partner)

(Residence) (Home Phone)

(Print Name)

(Dated)

THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION

_____ certifies that he/she is _____
(Title)

of the above named applicant corporation; that he/she knows the contents of the above application and the statements and answers therein; that the same are true of his/her own knowledge; that he/she has been authorized, by order of the Board of Directors of said applicant corporation, group or association 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 terms and conditions for the permit applied for and agrees to comply with those conditions.

(Signature of authorized officer)

(Street Address)

(Print Name)

(City, Town or Village)

(Zip Code)

(Telephone #)

(Date)

TO BE ANSWERED ONLY BY A CORPORATION

A) State under what law applicant was incorporated and the date of incorporation.

B) If a foreign corporation, state whether a certificate of authority has been obtained to do business in this state and the date thereof:

C) Supply the following information for all **OFFICERS** and **DIRECTORS** of said corporation as of the date of filing this application.

NAME	RESIDENCE	CITIZENSHIP	TITLE	AGE
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NAME OF APPLICANT (if partnership, name each partner)	RESIDENCE	CITIZENSHIP	TITLE	AGE
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THE APPLICANT HEREBY AGREES ANY APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW, BY ANY PERSON HAVING ANY INTEREST, DIRECT OR INDIRECT EITHER IN THE PREMISES OR IN THE BUSINESS TO BE LICENSED, FOR ANY LICENSE OR PERMIT SHALL BE DEEMED AND MADE A PART HEREOF AND CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTING UPON THIS APPLICATION.

APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND THE ISSUANCE OF THE PERMIT MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CERTIFIED OR REGISTERED MAIL WITHIN 48 HOURS. ANY CHANGE OF FACTS OCCURRING AFTER THE ISSUANCE OF THE PERMIT MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH THE FOREGOING IS A GROUND FOR THE REVOCATION, CANCELLATION OR SUSPENSION OF THE PERMIT.

MISCELLANEOUS PERMITS

CODE	TYPE OF PERMIT	FEE	ORIGINAL FILING FEE	BOND
MB-733	BANKING (ONE TIME)	\$ 26.00	\$ 10.00	NO
WB-605	BOTTLING (LICENSEE) (3 YEARS)	\$ 1,440.00	\$ 20.00	\$5,000.00
BS-646	BOTTLING (NON-LICENSEE) (3 YEARS)	\$4,800.00	\$ 20.00	\$5,000.00
MF-732	FIRE INS. OR SALVAGE CO (ONE TIME)	\$ 20.00	\$ 10.00	NO
MW-735	LIENOR (ONE TIME)	\$ 26.00	\$ 10.00	NO
HE-615	INSTITUTION OF HIGHER EDUCATION	\$256.00(annual) \$ 26.00 (one-time)	\$20.00 \$10.00	NO
HO-622	HOTEL OFF PREMISES (2 YEARS)	\$ 125.00	\$200.00	NO
ML-730	LIQUIDATORS	\$ 26.00	\$ 10.00	NO
ME-731	SHERIFF, MARSHALL, RECEIVER, EXECUTOR, ASSIGNEE	\$ 26.00	\$ 10.00	NO
MX-612	PLENARY – STORAGE OFF SEASON (ANNUAL)	\$ 20.00 (per 20 cases)	\$ 10.00	NO
MC – 736	PLENARY (MISC - ONE TIME)	\$ 20.00	\$ 10.00	NO
PM-613	PLENARY (MISC - ANNUAL)	\$ 256.00	\$ 20.00	NO

RP-701	RECONDITIONING	\$ 26.00 (PER DAY)	NONE	NO
WR-603	RETAIL WINE SACRAMENTAL (WHOLESALE)	\$ 125.00	NONE	NO
WD-602	RETAIL WINE TO HOUSEHOLDERS (WINERY)	\$ 125.00	\$ 20.00	NO
S-616	SUPPLIER PERMIT (LICENSED IN STATE SUPPLIERS AND UNLICENSED OUT OF STATE SUPPLIERS) - ANNUAL	\$256.00	\$20.00	NO
S-748	SUPPLIER PERMIT (LICENSED IN STATE SUPPLIERS AND UNLICENSED OUT OF STATE SUPPLIERS) – ONE TIME	\$ 90.00	\$10.00	NO
WP, SW & WG - 645	WAREHOUSE (3 YEARS)	\$ 768.00	\$ 20.00	\$5,000.00

Revised 09/09