

STATE OF NEW YORK  
LIQUOR AUTHORITY

APPLICATION FOR A CHANGE IN CLASS FOR  
OFF-PREMISES BEER OR OFF-PREMISES  
BEER/WINE PRODUCT LICENSE  
THREE (3) YEAR LICENSE

NAME OF LICENSEE \_\_\_\_\_

ADDRESS OF LICENSED PREMISES \_\_\_\_\_

CURRENT LICENSE SERIAL NO. \_\_\_\_\_

CURRENT LICENSE CERTIFICATION NO. \_\_\_\_\_

EFFECTIVE/EXPIRATION DATE OF CURRENT LICENSE \_\_\_\_\_ TO \_\_\_\_\_

This form is to be filled out completely and submitted to the Liquor Authority Zone Office where premises are located.

**CHECK ONE BOX**

- To convert from **Off-Premises Beer to an Off Premises Beer/Wine Product License** submit the following additional information:
- a. An additional **Fee** to bring current license up to date – The fee is calculated at \$16.50 per month for the remaining months of the license.
- To convert from **Off Premises Beer/Wine Product to Off Premises Beer ONLY**

Upon the satisfactory completion and submission of the above items, your application for a new license will be processed.

When you have been notified that your application has been approved, please submit the following:

1. If from Grocery Store Beer to Beer/Wine Product
  - a. Submit current license
2. If from Grocery Store Beer/Wine Product to Beer only – **Upon renewal**, your license will reflect Grocery “A” Off Premises **Beer**. There will be no refund given on the current license in effect.

**NOTE:** Applications to convert from Grocery Store Beer/Wine Product to Grocery Store Beer only must be filed with the appropriate Zone Office 3 months prior to the expiration of the current license. If not submitted 3 months prior to the expiration, the change will not take effect until the next renewal period.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY INDIVIDUAL APPLICANT, EACH MEMBER OF PARTNERSHIP OR ONE OF THE CORPORATE PRINCIPALS. The undersigned, each for himself/herself, certifies that he/she is the applicant named, that he/she knows the contents of this application and the statements contained therein and the same are true of his/her own knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature of applicant or each partner)

(Residence)

(Home Phone)

**SLA Action**

APPROVED

DISAPPROVED

SLA by \_\_\_\_\_

Dated \_\_\_\_\_