

**NYS Liquor Authority / Division of Alcoholic Beverage Control**  
**Request for Card Scan Services - Information Form-(For Out of State Residents)**

**Instructions for applicant: Complete form and submit with two FBI (blue) fingerprint cards, a copy of your Application Receipt and your fee made out to "L1 Enrollment Services" to the address below.**

**DO NOT BEND CARD WHEN MAILING!!**

**MAIL TO:**

L-1 ESD/LIVESCAN PROCESSING UNIT  
1650 WABASH AVE, SUITE D  
ATT: CARDS CAN DEPT  
SPRINGFIELD, ILLINOIS, 62704

**Please Print Clearly**

ORI: NY922217Z      Contributor Agency: NYS Liquor Authority      Agency Code: 700208L

License Serial #: 

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Premises Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Premises City, State & Zip: \_\_\_\_\_

Check one:  New Submission       Resubmission      If resubmission, list TCN Number here: \_\_\_\_\_

Name of Applicant: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Alias / Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Ethnicity:  Hispanic  Non Hispanic      Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Weight: \_\_\_\_\_ lbs.

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State / Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**Payment Section:**

- Payment options include: personal or business check, certified check, bank check, or money order made out to "L-1 Enrollment Services" for \$105.00.

**For Official Use Only:**

L-1 Billing Account Number: \_\_\_\_\_