



ANDREW M. CUOMO
GOVERNOR

STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
STATE LIQUOR AUTHORITY
ALFRED E. SMITH BUILDING
80 SOUTH SWAN STREET, SUITE 900
ALBANY, NY 12210-8002

DENNIS ROSEN
CHAIRMAN

JANIQUE GREENE
NOREEN HEALEY
COMMISSIONERS

IMPORTANT: THIS FORM MUST BE SUBMITTED WITH ANY SUPPLEMENTAL INFORMATION REQUESTED BY THE AUTHORITY IN ORDER TO COMPLETE THE PROCESSING OF A SPECIAL EVENT PERMIT APPLICATION. FAILURE TO DO SO MAY RESULT IN THE DISAPPROVAL OF YOUR APPLICATION.

Applicant name: _____

Date of event: _____

Nature of event: _____

Name and address of event location: _____

Type of permit: _____

**ADDITIONAL ITEMS REQUESTED
PLEASE CIRCLE ALL THAT APPLY**

- 1. Incomplete permit application (Completed section must be attached)
 - a. Section 1- Type of event
 - b. Section 2 – Applicant information
 - c. Section 3 – Event information
 - d. Section 4- Venue information
 - e. Section 5 - Security
 - f. Section 6 - Caterer permits
 - g. Section 7 - Authorization
- 2. Additional Fee Of \$ _____
- 3. Menu
- 4. Other (please specify) _____

Please mail all supplemental information to
NYS Liquor Authority/Permit Unit
80 S Swan Street, Suite 900
Albany, NY 12210
Please mail additional fees to
NYS Liquor Authority
PO Box 3796
New York, NY 10008-3796

