

**NEW YORK STATE  
LIQUOR AUTHORITY**

**APPLICATION FOR  
ADDITIONAL BAR**

This application form is to be used by a licensee requesting the permission of the Liquor Authority to add additional bars at which alcoholic beverages may be sold to be consumed on the licensed premises pursuant to Section 100 subdivisions 4 or 4a of the A.B.C. Law. This form shall also be filed by Legitimate Theater or Ball Park applicants who request permission to operate one or more additional bars at which alcoholic beverages may be sold to be consumed, pursuant to Sections 64-a and Section 55-a of the A.B.C. Law.

\*The Law provides that the fee for each such additional bar shall be equivalent to the amount of the annual or summer license fee paid by the licensee. When for beer only, as enumerated in subdivision 4 or 4a of Section 100, each such bar requires a payment of \$30.00 annually plus required filing fee.

\*If an additional bar is being installed to replace a service bar in a previously licensed area, no report of alteration is required to be filed, **however submit a composite diagram of the proposed addition.**

\*If the additional bar is being added to an area that is not currently licensed by you, an alteration application is required to add the area to your license.

**LICENSE & FILING FEE IS REQUIRED-SEE ATTACHED FEE CHART.** The expiration date(s) for any additional bars must be the same as the expiration date on the main bar license. Fees will be pro-rated.

**ALL QUESTIONS MUST BE ANSWERED IN BOXES BELOW. (If more space is needed, attach additional sheets).**

Any false answer or statement made by the applicant/licensee may subject the licensee to disciplinary proceedings and/or disapproval of the application.

Full name of applicant. (If partnership, name all partners)		Trade name or other name under which applicant will do business.	
Street address of premises to be licensed.		Mailing address of premises, (if different)	
City, town or village—Zip Code	County	City, town or village- Zip Code (if different)	Telephone No. ( )
E-mail address: (if available)			
1. (a) Is applicant the holder of a license to sell alcoholic beverages at retail on the premises for which this application is being filed?  (b) If so, set forth license number and type of license held.  (c) If not, set forth the type of application for a license to sell alcoholic beverages which is simultaneously being filed with this application.		1. (a) Yes ____ No ____  (b) License Serial Number  (c) Type of license:	
2. (a) State location of each additional bar for which application is made and give dimensions thereof.  (b) Was any such location previously excluded from coverage of the basic license? If so, specify.		2.(a) Location:                      Dimensions:  (b) Previously excluded location:	

**APPLICATION FOR  
ADDITIONAL BAR**

The applicant hereby agrees that 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.

---

**THIS CERTIFICATION TO BE SIGNED AND DATED**

\_\_\_\_\_, 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 to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself.

Dated \_\_\_\_\_  
(Signature of authorized officer)

---

**CONTACT/ATTORNEY/REPRESENTATIVE NAME:**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

ACTION BY LIQUOR AUTHORITY

**APPROVED**

**DISAPPROVED**

By \_\_\_\_\_ Date \_\_\_\_\_

**Mail Application to:**  
**New York State Liquor Authority Licensing**  
**Church Street Station**  
**PO Box 3817**  
**New York, NY 10008-3817**