◯ Original ◯ Amended Date _____

REQUEST TO CHANGE
METHOD OF OPERATION

Please complete the following sections as listed below and submit to the appropriate zone office.

1) **List of required documents currently on file**

2) **Establishment Questionnaire - *completely filled out***

3) **Method of Operation - *completely filled out***

4) **Notice of Appearance - complete all appropriate sections and sign whether or not you have outside representation**

5) **Applicant's statement**

6) **Submit a cover letter explaining the change to the approved Method of Operation currently on file.**

Print Form

◯ Original ◯ Amended Date _____

List of Forms Currently on File

New Serial Number _____

Applicant: _____

Premises: _____

The applicant hereby attests that the following required documents are currently on file with the New York State Liquor Authority. Check the items below that are currently on file:

- ☐ Personal Questionnaires, fingerprint cards and proof of citizenship
- ☐ Photographs of the Interior and Exterior
- ☐ Area Plans
- ☐ Diagrams of Premises
- ☐ Penal Bond
- ☐ Lease or Deed
- ☐ Proof of Financing
- ☐ Certificate of Occupancy
- ☐ Certificate of Authority
- ☐ Federal Tax ID
- ☐ Worker's Compensation and Disability Insurance
- ☐ Newspaper Affidavit

The applicant hereby attests that the same forms, documents and papers filed with the New York State Liquor Authority in connection with the original application shall be deemed to be filed and considered in support of the instant application for the same premises; that the information and facts contained in said forms, documents and papers are the same as of this date and that there are no changes or additional information required to be divulged by the applicants as of this date.

The applicant further agrees that any statements, representations or answers to questions in said documents, papers and forms shall be deemed and made part of the original application and considered by the New York State Liquor Authority in acting upon this application and that any false statements, representations or answers made in said documents, papers and forms shall constitute the basis for disciplinary proceedings by the New York State Liquor Authority.

Dated: _____ Applicant Signature: _____

Print Form

ESTABLISHMENT QUESTIONNAIRE

ALL APPLICANTS MUST COMPLETE SECTION H

1. Describe the area where the premises is to be located:

◯ Residential
◯ Business
◯ Shopping Mall

1a. State what the area is zoned for:
(ie. Residential, Business, Mixed)

2. Premises

a. Describe the type of building in which the premises will be located and list the number of floors in the building.
(Example: Detached, multi unit, shopping mall, etc.)

b. Has the building/premises been known by any other address? ◯ YES ◯ NO

If YES. please specify:

c. Has the premises to be licensed and/or any other floor in the building been previously licensed or currently licensed for the sale of alcoholic beverages? ◯ YES ◯ NO

d. What was prior use of premises to be licensed?

e. Any outside area or sidewalk café used for the sale or consumption of alcoholic beverages? (such as roof, yard, deck) ◯ YES ◯ NO

If YES:
1. Describe in box below and show on diagram.
2. Is a permit required by locality for outside area? ◯ YES ◯ NO

continued on next page

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f. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? ◯ YES ◯ NO

SUBMIT A COPY OF THE CERTIFICATE OF OCCUPANCY OR A LETTER FROM MUNICIPALITY STATING NONE IS NEEDED.

g. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? ◯ YES ◯ NO

If YES, describe:

3. Premises (interior)

a. On what floor(s) are the premises located? How many room(s) on each floor?

b. Use of room(s)?

c. If more than one floor, what is the access between floors (i.e. stairs)?

d. If more than one floor, is there interior access to the other floors including the basement? ◯ YES ◯ NO

e. How many bathrooms?

f. Location of bathrooms *(include in diagram)*

g. What is the maximum number of persons that can legally occupy the premises to be licensed **pursuant to the current Certificate of Occupancy or Maximum Occupancy Certificate?**

What is the maximum number of persons you anticipate occupying the premises to be licensed?

h. Number of tables? i. Number of seats at tables?

j. Is the interior view unobstructed throughout? ◯ YES ◯ NO

If NO, state reason:

k. Any openings to other parts of the building? ◯ YES ◯ NO

If YES, describe:

continued on next page

Print Form

4. BARS:

a. How many stand-up bars* are located on the premises? ☐
(*Stand-up bar is a bar where cash is exchanged.)

b. How many service bars*? ☐
(Service bar is for wait staff exclusively.)

c. Describe all bars (length, shape, and location)

d. Any food counters? ◯ YES ◯ NO

If YES, describe:

** See instructions for definition of stand-up and service bars*

5. KITCHEN

a. Does premises have a kitchen? ◯ YES ◯ NO

If NO, does premises have a food preparation area? ◯ YES ◯ NO

If any, show on diagram.

b. Is food available for sale? ◯ YES ◯ NO

If YES, describe type of food and **SUBMIT A MENU**

c. Is a chef employed at the premises? ◯ YES ◯ NO

If YES, list hours of day chef will devote to the premises:

6. HOTEL

a. Type of Hotel: ◯ Transient ◯ Apartment ◯ Summer

b. How many floors? ☐ c. How many rooms? ☐

d. Is there a restaurant in the building(s) housing the proposed hotel? ◯ YES ◯ NO

Print Form

PROPOSED METHOD OF OPERATION

All applicants for a license to sell alcoholic beverages must complete Section I

1. Select the type of establishment you are applying for from the list below (based upon your intended method of operation):

◯ Bar/Tavern ◯ Bed & Breakfast ◯ Cabaret ◯ Catering Establishment

◯ Other Retail Describe Other Retail: _____

◯ Club *(i.e. Golf Club, Fraternal Organization)* ◯ Hotel ◯ Night Club ◯ Restaurant

◯ Mixed Use (i.e. Restaurant/Night Club) - List the percentage of time the establishment will be operated under each use

2. Will any other business of any kind be conducted in said premises? ◯ YES ◯ NO

(If YES, provide details on a separate sheet)

3. If On-Premise License will premises have music? ◯ YES ◯ NO 3a. If yes: ◯ LIVE ◯ RECORDED

What type of music? Explain in detail:

List the hours each day premises will have music in the boxes below:

Sunday	From:		To:	Monday	From:		To:
Tuesday	From:		To:	Wednesday	From:		To:
Thursday	From:		To:	Friday	From:		To:
Saturday	From:		To:				

4. If On-Premise License will the premises permit dancing? ◯ YES ◯ NO

4a. If YES, describe:

4b. If YES, and are located in NYC, do you have a Cabaret permit issued by the City of New York ?

◯ YES ◯ NO ◯ PENDING

continued on next page

Print Form

5. List the proposed hours of operation on the days the premises will be open:

Sunday From: ____ To: ____ Monday From: ____ To: ____

Tuesday From: ____ To: ____ Wednesday From: ____ To: ____

Thursday From: ____ To: ____ Friday From: ____ To: ____

Saturday From: ____ To: ____

5a. If applicable, list hours food will be available for sale. *(Attach copy of menu)*

From: ____ To: ____

6. Will the business employ a manager? ◯ YES ◯ NO

If YES, see question 6a.

6a. Name(s) of manager(s): *(Manager(s) MUST complete a personal questionnaire and submit photo identification prior to employment)*

6b. If NO, will principal(s) manage? ◯ YES ◯ NO

7. How many employees? ____

7a. If answer is "0" provide explanation.

8. Will there be security personnel? ◯ YES ◯ NO

8a. If YES, how many? ____

8b. If they are required to be registered, are they registered in accordance with New York State Security Guard Registration ? ◯YES ◯NO

If NO, explain: (ie. Not Required) ____

Security personnel you hire may be required to be registered in accordance with NYS Security Guard Registration. Please contact the NYS Department of State to obtain information.

Print Form

APPLICANT'S STATEMENT

I, [print name] _____

(the ◯ sole proprietor , ◯ partner , ◯ corporate principal or ◯ LLC/LLP member)
understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

_____ _____

Signature Date

Print Form