OFFICE USE ONLY
◯ Original ◯ Amended Date _____

LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE

GROCERY STORE BEER / DRUG STORE BEER
&
GROCERY STORE BEER-WINE PRODUCT / DRUG STORE BEER-WINE PRODUCT

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:

Trade Name(DBA): (*see instructions*)
*** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"*

Premises Street Address:

City: State: Zip Code:

County: Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (if available):

2. CONTACT *(if different than applicant)*

Name of Contact: ◯ Attorney ◯ Representative ◯ Contact Person

Office Address:

City: State: Zip Code:

Telephone Number of Office (include area code):

E-mail address (if available):

3. LICENSE TYPE: CODE:
(see schedule of fees)

4. TOTAL PAYMENT DUE:

5. Federal Tax ID #:

6. Certificate of Authority Permit#:

7. Are there any local option restrictions in this area (DRY, PARTIALLY DRY)?

◯ YES
◯ NO
◯ DO NOT KNOW

If YES, explain:

continued on next page

[OFFICE USE ONLY]
DATE FILED: SERIAL #:

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual / Partner	Residence	Social Security	Date of Birth
Name of Individual / Partner	Residence	Social Security	Date of Birth
Name of Individual / Partner	Residence	Social Security	Date of Birth
Name of Individual / Partner	Residence	Social Security	Date of Birth

8a. TO BE FILLED IN ONLY IF YOU WILL EMPLOY A MANAGER

Name of Manager	Residence	Social Security	Date of Birth
Name of Manager	Residence	Social Security	Date of Birth

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

List the names and address or Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth

9a. TO BE FILLED IN ONLY IF YOU WILL EMPLOY A MANAGER

Name of Manager	Residence	Social Security	Date of Birth
Name of Manager	Residence	Social Security	Date of Birth

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

RIGHT TO PREMISES

1. RIGHT TO PREMISES

a. By what right does the applicant have possession of the premises?

◯ Own ◯ Lease ◯ Sub-Lease ◯ Binding contract to acquire real property ◯ Written intent to Lease

◯ Other (explain):

b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? ◯ YES ◯ NO

If YES, list the section/page of the lease this information can be found

2. INTERESTED PARTIES

a. Is there currently a license to traffic in alcoholic beverages in effect for the premises for which this application is filed?

◯ YES ◯ NO ◯ Do Not Know

b. Name of current/previous licensee: License Serial Number:

c. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?

◯ YES ◯ NO ◯ Do Not Know

Any pending disciplinary action may prevent a determination on this application or result in the disapproval of the application with or without prejudice.

d. Does anyone other than the applicant/principals share or will share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

◯ YES ◯ NO

If YES, state the names and address of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

LANDLORD IDENTIFICATION INFORMATION

1. Name of Landlord (*as appears on lease and deed*):

Landlord Mailing Address:

City: State: Zip Code:

Phone Number (include area code):

2. Landlord Principals

Name	Address

3(a). Are any persons listed on this form currently or previously licensed under the ABC Law? ◯ YES ◯ NO

3(b). If YES, list the names and license numbers:

4(a). Are any persons listed on this form police officers: ◯ YES ◯ NO

4(b). If YES, list the names :

5. List number of years real property has been owned by landlord:

Print Form

LIST OF EXPENSES FOR THIS VENTURE

ALL APPLICANTS MUST COMPLETE THIS SECTION

Expense Item (Actual or Estimated)

1. Real Property *(if purchased within the past year)*:
2. Purchase/Contract price *(submit copy of contract)*:
3. Renovations/Improvement Costs *(ie: furnishings, fixtures, etc.)* :
4. Miscellaneous *(any other expense related to this venture)*:

5. TOTAL CASH (See Instructions for required verifications)

6. TOTAL DEFERRED

(Total deferred includes loans, mortgages, lines of credit, notes, etc. Attach copies of **EACH** source of deferred monies)

7. TOTAL INVESTMENT

NOTE: The amounts *in items 1 through 4* must total the amount reflected in item 7.
The amounts *in items 5 and 6* must total the amount reflected in item 7.

IMPORTANT: Submit any and all records, documents and affidavits including loan agreements that you feel may assist you in explaining the source of monies as per instruction sheet.

List lenders and amounts (to be) loaned from which *"total deferred"* will derive.

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

continued on next page

Print Form

List bank names and account numbers from which *"TOTAL CASH"* will derive.

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

Dollar(s) Amount **Type of Investment** *(Accounts, Loans, Gifts, Asset Sales, etc.)*

Source of Funds *(Identify by Name - Lender, Giftor, Asset Sales, etc. - Provide Personal Questionnaires)*

8. Have all investors been disclosed in this application? ◯ YES ◯ NO

The following person(s)* MAY NOT *invest in a retail license to traffic in alcoholic beverages: Convicted felons, persons under the age of twenty-one(21), police officers, and anyone with an interest in a wholesale license.

You must supply Personal Questionnaires for all investors or joint account holders

Print Form

ESTABLISHMENT QUESTIONNAIRE

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: single unit, 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. 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:

continued on next page

Print Form

3. Premises (interior) ***Helpful Hint: Drawing your diagram first may assist you in completing the remainder of this section.***

a. List all floors you wish to license?

b. Use of room(s)?

c. Will the basement or any other floor(s) be used for storage of alcoholic beverages? ◯ YES ◯ NO

If YES:

Which floor(s)?

Is there interior access to the floor(s)? (If YES, the storage area must be part of the licensed premises. If NO, you must apply for a warehouse permit in order to use this area for storage of alcoholic beverages) ◯ YES ◯ NO

State the means of access to each floor.
(ie: stairs, elevator, etc. - must be shown on diagram)

d. Is there interior access to any other floor(s) that will not be part of the licensed premises? ◯ YES ◯ NO

If YES, list floor(s)s and means of access to each floor(s).
(ie: stairs, elevator, etc. - must be shown on diagram)
List use of floor(s). (ie: apartments, offices, etc.)

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

PROPOSED METHOD OF OPERATION

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

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

◯ Grocery Store Beer ◯ Grocery Store Beer / Wine Product ◯ Drug Store Beer ◯ Drug Store Beer / Wine Product

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

(If YES, provide details on a separate sheet)

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

If YES, see question 3a.

3a. Name(s) of manager(s):
(Manager(s) MUST complete a personal questionnaire prior to employment)

3b. If NO, will principal(s) manage? ◯ YES ◯ NO

4. How many employees?

4a. If answer is "0" provide explanation.

4b. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

GROCERY STORE LICENSE STIPULATION

WHEREAS, the Applicant has applied to the New York State Liquor Authority for a
License to Sell Beer at Retail in Sealed Containers
for Consumption Off the Premises,
or a
License to Sell Beer and Wine Products at Retail in Sealed Containers
for Consumption Off the Premises,
and
WHEREAS, as is required by ABC Law § 54 (4) or ABC Law § 54-a (2),
the Applicant represents that the Applicant shall operate a Grocery Store,

NOW THEREFORE, IT IS HEREBY STIPULATED BY THE APPLICANT -
in consideration for the New York State Liquor Authority's issuance to the Applicant of a License to Sell Beer at Retail in Sealed Containers for Consumption Off the Premises, or a License to Sell Beer and Wine Products at Retail in Sealed Containers for Consumption Off the Premises, and as a continuing condition of licensure, the violation of which condition constitutes cause for license revocation and/or other disciplinary penalties within the reasonably exercised discretion of the Authority - that the Applicant will operate a bona fide retail Grocery Store, and that such establishment will devote not less than 50% of its public floor space exclusively to the display of the following consumer commodities, however packaged or contained:

(a) food,* including all material, solid, liquid or mixed, whether simple or compound, used or intended for consumption by human beings or domestic animals normally kept as household pets and all substances or ingredients to be added thereto for any purpose; and

b) napkins, facial tissues, toilet tissues, foil wrapping, plastic wrapping, paper toweling, disposable plates; and

(c) detergents, soaps, and other cleansing agents; and

(d) non-prescription drugs, hygiene products, and toiletries.

* **For the purposes of this stipulation, "food" <u>does not include</u> alcoholic beverages and carbonated beverages.**

_____
Name of Applicant Corporation or other Applicant Legal Entity (If Applicable)

_____
Signature

_____
Title or Status of Person Signing (If Applicable)

_____
Printed Name of Person signing

_____
Dated

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

PROOF OF CITIZENSHIP AFFIRMATION

Applicants may submit, in lieu of proof of citizenship, a signed and dated copy of a naturalization certificate or green card with an affirmation on the copy submitted as follows:

NOTE: This affirmation can only be submitted by an Attorney duly admitted to practice in the State of New York. All other representatives must present original proof(s) to be verified by the Authority personnel.

Applicant/Individual Name: _____

I, the undersigned, an Attorney at Law duly admitted to practice in the State of New York, have compared the original with this copy of:

◯ VISA ◯ ALIEN REGISTRATION CARD ◯ OTHER _____

and affirms under the penalty of perjury that the foregoing copy is a true and complete copy of the original proof of citizenship. This affirmation is given to the Division of Alcoholic Beverage Control knowing that they will rely upon the same in review of the license application of:

_____ ,

and the applicant has signed his name directly in the space provided below.

_____ _____

Signature of Applicant *Date:*

Attorney must complete the following signature form:

ATTORNEY INFORMATION:

Attorney name: _____

Office address: _____

City, Town or Village: _____ State: _____ Zip code: _____

Telephone: _____ E-mail address: _____

Signature: _____ Date: _____

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

APPLICANT'S STATEMENT

I, [print name] _____

(the ◯ sole proprietor, ◯ partner, ◯ corporate principal or ◯ LLC/LLP member)
of the applicant for an Alcoholic Beverage Control License 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

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

APPLICATION FOR LIQUIDATOR'S PERMIT

This application is to be completed by the **licensee who is selling or liquidating** their business and who proposes to dispose of the stock of alcoholic beverages in connection with such sale. This application must be accompanied by a ***SEPARATE*** check made payable to the State Liquor Authority for a **total fee of $36.00** for each permit.
This permit is **valid for one transaction only**, and requires the sale of the **entire stock** of alcoholic beverages by the permittee. When the sale is approved, an inventory, signed by the Permittee, listing the type, brand name and size and number of the containers of alcoholic beverages to be sold, must be submitted to the State Liquor Authority.

SELLER'S INFORMATION

Sellers name:

Trade name:

Premises address:

City, town or village: Zip Code: County:

Telephone number: E-mail address:

License serial number: License Status:

Liquidation of business ONLY, provide date of sale:

BUYER'S INFORMATION

Buyer's name:

Trade name:

Premises address:

City, town or village: Zip Code: County:

Telephone number: E-mail address:

The applicant hereby represents that if a permit is issued, the following conditions must be complied with:

1. The alcoholic beverages will be sold and delivered only to manufacturers, wholesalers and retailers duly licensed by the State Liquor Authority.
2. The duplicate permit or photocopy will be delivered to each purchaser.
3. The permittee will pay all excise taxes imposed by or under provisions of Article 18 of the Tax Law and will comply with the rules and regulations of the State Tax Commission.
4. License must be surrendered or placed in safekeeping before permit can be issued.

ATTACH ADDITIONAL SHEETS LISTING ALL OF THE INFORMATION REQUESTED ABOVE IF THERE WILL BE MORE THAN ONE LICENSEE PURCHASING YOUR INVENTORY AS PART OF THIS TRANSACTION.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY BOTH PARTIES. THE PARTIES SWEAR THAT THE ANSWERS AND STATEMENTS MADE HEREIN ARE TRUE TO THEIR OWN KNOWLEDGE.

Seller's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

Permits No. _____

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

PERSONAL QUESTIONNAIRE

a. All principals to the license application must complete this questionnaire in full.
(Lendors, donors, guarantors and managers must also complete this questionnaire.)
*b. If you are a **lender,donor or guarantor** you must state your relationship to the applicant.*
c. Make duplicate blank forms as necessary.
d. Answer all questions below.
e. Attach additional sheets if more space is needed.

NAME OF APPLICANT

1. STATEMENT OF IDENTIFICATION

Print **YOUR** name:

Date of birth

Social Security Number

Residence street address

County

City

State

Zip Code

Residence Telephone

Cellular Phone

E-mail Address

U.S. Citizen ◯ YES ◯ NO

If NOT U.S. citizen - country of citizenship

If ALIEN, registration number or VISA type

List any other names that you may have been known by (including maiden name)

HEIGHT	HAIR COLOR	MARITAL STATUS
WEIGHT	EYE COLOR	SPOUSE NAME
SEX ◯ MALE ◯ FEMALE		SPOUSE'S SOCIAL SECURITY #:

2. Position (or interest) you will hold (check each):

◯ President	◯ Director	◯ Manager
◯ Vice President	◯ Stockholder	◯ Lender*
◯ Secretary	◯ Partner	◯ Donor*
◯ Treasurer	◯ General Partner	◯ Guarantor*
◯ Chairman	◯ Limited Partner	◯ LLC Manager
◯ Officer	◯ Sole Proprietor	◯ LLC Member
◯ ABC Officer	◯ Other _____	

*If Lendor, Donor or Guarantor state your relationship to the applicant.

continued on next page

Print Form

Print **YOUR** Name

3. Residences for the past TEN years.

Address	From (month/year)	To (month/year)
Address	From (month/year)	To (month/year)
Address	From (month/year)	To (month/year)
Address	From (month/year)	To (month/year)
Address	From (month/year)	To (month/year)

4. Your occupation for the past TEN years

From/To (month/year) | Employer | Employer Address

Type of business | Position

From/To (month/year) | Employer | Employer Address

Type of business | Position

From/To (month/year) | Employer | Employer Address

Type of business | Position

5. LICENSE HISTORY / AFFILIATIONS

(a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? ◯ YES ◯ NO

List hours you will devote to business sought to be licensed:

continued on next page

Print Form

Print **YOUR** Name

(b Will you take an active part in the operation of the business to be licensed? ◯ YES ◯ NO

If YES, explain nature of activity (hours, days, responsibilities):

(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? ◯ YES ◯ NO

If YES, provide information below:

Business name | Business address

Type of interest and date interest began | Serial Number

Business name | Business address

Type of interest and date interest began | Serial Number

Business name | Business address

Type of interest and date interest began | Serial Number

(d) Other than as itemized in the above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership or corporation in which you are/were a principal? ◯ YES ◯ NO

If YES, provide information below:

Name of applicant | Address of premises | Date of filing

Serial Number | Disposition

Name of applicant | Address of premises | Date of filing

Serial Number | Disposition

continued on next page

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

Print **YOUR** Name

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

(e) Has a license or permit listed above been REVOKED, CANCELED or otherwise **Involuntarily Terminated**? ◯ YES ◯ NO

If YES, state action and date of action, and give details:

(f) Are you a police commissioner or law enforcement/police officer? ◯ YES ◯ NO

If YES, provide details

Print Form

Print **YOUR** Name

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages?

YOU	SPOUSE
◯ YES	◯ YES
◯ NO	◯ NO

If YES, supply details

(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor or driving while intoxicated or impaired?

YOU	SPOUSE
◯ YES	◯ YES
◯ NO	◯ NO

If YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

(c) If you have previously been approved for a license and had been convicted of any felony misdemeanor or other type of offense except minor traffic infractions were all convictions reported to the Authority?

◯ YES
◯ NO

If YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

(d) **Are there any ARRESTS, INDICTMENTS or SUMMONSES** PENDING against you or your spouse - including driving while intoxicated or impaired?

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

YOU	SPOUSE
◯ YES	◯ YES
◯ NO	◯ NO

7. Do you have any relationship with the current/previous licensee or any of the principals of the licensee? ◯ YES ◯ NO

If YES, please state exactly what the relationship is (ie: family member)

Signature: _____ Date:

Print Form

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

STATE OF NEW YORK

NOTICE OF APPEARANCE

Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection, a record of who appears before it, for a fee as a third party (i.e., an attorney, an agent, lobbyist*, or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency. This usually occurs when the third party's client is involved in an enforcement, formal permit, or application matter. *This form is subject to all the rules and regulations of the Freedom of Information Law. Information that is confidential as a matter of law need not be furnished.*

Agency: _____ **Date:** _____

Division/Bureau: _____

1. Name of individual appearing: _____

Address: _____

Telephone: _____

2. Client represented: _____

Address: _____

Telephone: _____

3. Subject of appearance: ☐ **Regulatory/Enforcement** ☐ **Lobbying**

_____

4. Acting in capacity of:

☐ **Attorney** ☐ **Lobbyist** ☐ **Agent**

☐ **Other (describe)** _____

5. Are you being compensated? ☐ **Yes** ☐ **No**

If Yes, Fee: _____ **Salary:** _____

6. Signature of individual appearing: _____

---

7. Agency official (print name): _____

Signature: _____

*A LOBBYIST is a person or organization, other than a New York State government employee acting in an official capacity, who appears for the purpose of influencing the adoption or rejection of proposed rules, regulations, rates, legislation, including the State budget or the specification or award of a State Procurement Contract. An "appearance" for lobbying purposes can be a personal visit, letter, telephone call, conversation at a meeting, or any other type of contact, but does not include "on the record" proceedings or hearings.

Print Form