

OFFICE USE ONLY		
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APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

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: , NY 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 other 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. For SEASONAL licenses only - beginning and ending months:

4. LICENSE TYPE: CODE: 5. Number of ADDITIONAL BARS (if any):
(see schedule of fees) (see instructions)

6. TOTAL PAYMENT DUE:

7. Federal Tax ID #: 7a. Certificate of Authority Permit#:

8. Are there any local option restrictions in this area (DRY, PARTIALLY DRY)? YES
 NO
 DO NOT KNOW
If YES, explain:

THE COMMUNITY BOARD/MUNICIPALITY NOTICE FORM AND PROOF OF MAILING MUST BE SUBMITTED WITH THIS APPLICATION.

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9. 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
<input style="width: 95%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			

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

Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			

10. 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 #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation or % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

10a. TO BE FILLED IN ONLY IF YOU WILL EMPLOY A MANAGER

Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			
Name of Manager	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>			

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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
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			

LANDLORD IDENTIFICATION INFORMATION

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

2. Landlord Mailing Address

Street Address:

City: State: Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals

Name	Address

Name	Address

Name	Address

Name	Address

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

5(b). If YES, list the names and serial numbers:

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

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

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

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LIST OF EXPENSES FOR THIS VENTURE

Expense Item (Actual or Estimated)

- 1. Real Property (if purchased within the past year):
- 2. Purchase/Contract Price of Business (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, etc.)

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

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

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

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

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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

SEE INSTRUCTIONS FOR A LIST OF ALL PERSONS REQUIRING PERSONAL QUESTIONNAIRES

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500 FOOT RULE STATEMENT

**Applicants for on premises liquor licenses must complete this section
(Not required for on premises beer or wine application)**

If the location is subject to the 500 foot rule, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within 500' of three or more similarly licensed premises. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The proposed premises: Check the appropriate box below:

- PREMISES IS NOT WITHIN A 500' RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- PREMISES IS WITHIN A 500' RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- NOT APPLICABLE - POPULATION UNDER 20,000

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN 500' OF THE PROPOSED PREMISES

IMPORTANT:

If premises is within a 500' radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is under 20,000 you must, **SUBMIT A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**
FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

STATEMENT OF AREA PLAN

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

<ol style="list-style-type: none"> 1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN 300 FEET 2. Is the premises within 200' of ANY SCHOOL, CHURCH or PLACE OF WORSHIP? <input type="radio"/> YES (Exclusive use as a church or place of worship will be determined by this agency) (Please respond "YES" if ANY school, church or place of worship is within 200') <input type="radio"/> NO 3. Submit a BLOCK PLOT DIAGRAM or AREA MAP showing the location of any school, church or place of worship in proximity to your proposed premises (8½" x 11")
--

Indicate distance in feet from the proposed premises. *Attach additional sheets if necessary.*

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	
4. Name of church/school:	
Address:	
Distance:	

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200' of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

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.
(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. 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

3. Explain how area is contained (use box below or a separate sheet).

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f. If applying for an on premises license does the premises have a YES
VALID CERTIFICATE OF OCCUPANCY and **ALL** appropriate permits? 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) *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:

1. Does any other person/entity have access to this area? YES NO

2. Which floor(s)?

3. 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) 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.)

e. How many public bathrooms? If less than two (2) public bathrooms you must request a waiver of the two(2) bathroom rule in writing.

f. Location of public 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?**

h. Number of tables?

i. Number of seats at tables?

continued on next page

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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:

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? *(Do not include bar if listed above)* 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.

FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION SUBMIT A MENU

b. Is a chef employed at the premises? YES NO

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

6. HOTEL

a. How many floors? b. How many rooms?

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

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METHOD OF OPERATION

FOR ON-PREMISES LIQUOR APPLICANTS

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
 Club (*Fraternal Organization - Members Only*)
 Hotel
 Night Club
 Restaurant

FOR ON-PREMISES BEER OR BEER AND WINE APPLICANTS

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

- Restaurant (Beer and Wine only)

- Other (*Explain*)

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 premises have music? YES NO 3a. If yes: LIVE RECORDED

4. Will the premises permit dancing? YES NO

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

- YES NO PENDING

5. Select the method of operation that best describes the business:

- Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe
 Other (*Explain*)

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

continued on next page

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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:

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.

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

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NOTICE OF PUBLICATION

Effective August 22, 1999, all applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper**, designated by the County Clerk, **once a week for two successive weeks** as hereinafter provided.

- If the proposed premises are located in any county **other** than New York, Kings, Queens, or Bronx, the NOTICE shall be published in a daily **OR** weekly newspaper in the **county** where the premises are located.
- If the proposed premises are located in the counties of New York, Kings, Queens or Bronx, the NOTICE shall be published in one daily **AND** one weekly newspaper published in the county where the premises are located.

The NOTICE shall be printed in English in substantially the following form:

Notice is hereby given that a license, number *(fill in serial number)* for *(fill in beer, liquor and/or wine, as the case may be)* has been applied for by **the undersigned*** to sell *(fill in beer, liquor and/or wine, as the case may be)* at retail in a *(hotel, club, restaurant, vessel, railcar, or other type of establishment, as the case may be)* under the Alcoholic Beverage Control Law at *(fill in street address, city, town or village and county in which the premises are located)* for on premises consumption.

(*Applicant's name and Trade Name of business (DBA) must appear at the bottom of the advertisement)

The first publication shall be made within 10 days of the filing of the application. Applicant shall obtain two original copies of proof of publication. One original copy must be submitted to the Authority within **15 days** of receipt. The second original shall be retained by applicant. **Except for good cause shown, the Authority shall not issue the license unless proof of publication is submitted within such 15 day period.** The form of proof of publication shall be as follows:

STATE OF NEW YORK

COUNTY OF _____

_____ of _____ being duly sworn, says that (s)he is _____ of the publishers of the _____, a (daily) or (weekly) newspaper (printed and) published in the (city, town, or village and county) _____, and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week for two successive weeks commencing on the _____ day of _____

Sworn to before me this _____ day of _____

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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 affirm 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: _____

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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

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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. _____

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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 <input style="width: 120px; height: 25px;" type="text"/> WEIGHT <input style="width: 120px; height: 25px;" type="text"/> SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	HAIR COLOR <input style="width: 120px; height: 25px;" type="text"/> EYE COLOR <input style="width: 120px; height: 25px;" type="text"/>	MARITAL STATUS <input style="width: 200px; height: 25px;" type="text"/> SPOUSE NAME <input style="width: 200px; height: 25px;" type="text"/> SPOUSE'S SOCIAL SECURITY #: <input style="width: 120px; height: 25px;" type="text"/>
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2. Position (or interest) you will hold (check each):

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="radio"/> President | <input type="radio"/> Director | <input type="radio"/> Manager |
| <input type="radio"/> Vice President | <input type="radio"/> Stockholder | <input type="radio"/> Lender* |
| <input type="radio"/> Secretary | <input type="radio"/> Partner | <input type="radio"/> Donor* |
| <input type="radio"/> Treasurer | <input type="radio"/> General Partner | <input type="radio"/> Guarantor* |
| <input type="radio"/> Chairman | <input type="radio"/> Limited Partner | <input type="radio"/> LLC Manager |
| <input type="radio"/> Officer | <input type="radio"/> Sole Proprietor | <input type="radio"/> LLC Member |
| <input type="radio"/> ABC Officer | <input type="radio"/> Other _____ | |

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

continued on next page

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Print **YOUR** Name

3. Residences for the past TEN years.

Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>	<input style="width: 30%; height: 25px;" type="text"/>

4. Your occupation for the past TEN years

From/To (month/year)	Employer	Employer Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Type of business	Position	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
From/To (month/year)	Employer	Employer Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Type of business	Position	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
From/To (month/year)	Employer	Employer Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Type of business	Position	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	

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:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Business name	Business address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Business name	Business address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

(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
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Serial Number	Disposition
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Name of applicant	Address of premises	Date of filing
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Serial Number	Disposition
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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
<input type="radio"/> YES	<input type="radio"/> YES
<input type="radio"/> NO	<input type="radio"/> 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
<input type="radio"/> YES	<input type="radio"/> YES
<input type="radio"/> NO	<input type="radio"/> 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?

YOU	SPOUSE
<input type="radio"/> YES	<input type="radio"/> YES
<input type="radio"/> NO	<input type="radio"/> NO

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

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:



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<input type="radio"/> Original	<input type="radio"/> 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, Check FEE or SALARY **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.