

This petition is to be used by a **RETAIL LIQUOR OR WINE STORE LICENSEE** for permission to remove the licensed premises to a new location.

This petition must be executed by the licensee and filed with the appropriate Zone Office of the State Liquor Authority whichever office has jurisdiction over the PROPOSED premises, and must be accompanied by the following: CHECK, BANK OFFICER'S CHECK or DRAFT, or MONEY ORDER for the required fee, payable to the STATE LIQUOR AUTHORITY. (The law does not provide for any refund of removal fees prescribed under Section 99-d.)

\$ 192.00 where the annual license fee is \$500 or more; \$32.00 in all other instances

SEE PETITION FOR REMOVAL INSTRUCTIONS FOR ADDITIONAL REQUIREMENTS

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

Any false answer or statement made by the applicant constitutes perjury and will subject any license issued hereunder to revocation.

The licensee named below hereby requests the permission of the State Liquor Authority for the REMOVAL of the licensed premises to the proposed premises set forth below.

Full name of Applicant-Licensee	Trade name or other names under which applicant will do business	Serial No.
Present Premises – (Street address)	Post Office address of premises (if different)	
City, town or village-Zip Code	City, town or village –Zip Code (if different)	Telephone No.
Email Address	Name and Cell Phone # of a Principal of the Licensed Premises	

PROPOSED PREMISES

Trade name or other names under which applicant will do business			
Street address of premises to be licensed		Post Office address of premises (if different)	
City, town or village, - Zip Code	County	City, town or village, - Zip Code (if different)	Telephone No.
Name of owner of building in which the premises to be licensed are located		Address of owner of building	
1. (a) Will applicant occupy said premises under a written lease or option to lease? (b) If so, state the effective/expiration date of the lease and the name and address of the lessor. (c) Do the terms of such lease require payment by the applicant of any Consideration based on a percentage of the receipts of the business? (d) If so, state percentage and give details.	Yes or No	Effective Date of Lease	Expiration Date of Lease
	1. (a)	(b)	(b)
	Name and address of the immediate lessor		
	(b)		
	Yes or No	Percentage and details	
(c)	(d)		
(b)	Yes or No		
(c)	Yes or No		
2. Are PROPOSED premises located in a district created under any zoning law, which restricts the maintenance of retail liquor or wine store at said premises?	2. Yes or No		
3. Do proposed premises comply with all building, fire and health laws, ordinances and regulations?	3. Yes or No		
4(a) Is any license, under the Alcoholic Beverage Control Law, now in effect for the premises for which this application is filed, or for any part of the building containing the same? (b) If so, state full name of licensee and serial number.	Yes or No	Serial Number	
	4. (a)	(b)	
Name of Licensee			
(b)			
5. Are PROPOSED premises located: (a) In a street level store? (b) In a shopping center? (c) In a corner store? If so, state names of streets or avenues on which store is located.	Yes or No	Yes or No	
	5. (a)	(b)	
	Yes or No	Streets or Avenue	
(c)			

6. (a) State number of entrances to said premises, including doors classified as "Fire Exits" or delivery entrances. (b) Is there direct access between the premises sought to be licensed and any other part of the building containing the premises? If so, describe in blank space below.	No. of Entrances 6. (a)	Yes or No (b)
7. Set forth approximate time licensee will require to move to proposed premises after date of approval of this petition for removal, if granted.	7. Length of time	
8. Reasons for requesting permission for removal (REQUIRED):		

THE APPLICANT HEREBY AGREES THAT THE DIAGRAMS, SURVEY AND ALL OTHER PAPERS FIED IN SUPPORT OF THIS APPLICATION AND ANY APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW BY ANY EPRSON 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.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY INDIVIDUAL OR PARTNERS

The undersigned, each for themselves, certifies that he/she is the applicant above named; that he/she knows the contents of the above application together with all other papers filed in support thereof and the statements contained therein and the same are true of their own knowledge.

Dated: _____

(Signature of Petitioner or of Each Partner)

THE FOLLOWING CERTIFICATION TO BE SIGNED AND DATED IF A CORPORATION

_____ certifies that he/she is _____ of the above names
(Title)

applicant corporation' that he/she knows the contents of the above application together with all other papers filed in support thereof 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)

STATE LIQUOR AUTHORITY'S ACTION: **APPROVED**

DISAPPROVED