

**STATE OF NEW YORK  
LIQUOR AUTHORITY**

**PETITION FOR REMOVAL  
(Manufacturer or Wholesaler)**

This petition is to be used by the holder of a MANUFACTURER’S or WHOLESALER’S LICENSE to request permission to remove the licensed premises to a new location.

This petition must be filled out and signed by the licensee and filed with the appropriate zone office of the county in which the premises to be licensed are located together with CHECK, or DRAFT, or MONEY ORDER for the removal application fee prescribed in Section 99-d, subd. 3 of the Alcoholic Beverage Control Law as follows:

\$192.00 where the basic annual license fee is \$500 or more;

\$ 32.00 in all other instances.

(The Law does not provide for any refund of fees prescribed in Section 99-d.)

**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 the applicant’s license to revocation.

The licensee named below hereby requests the permission of the Liquor Authority for the REMOVAL of the present 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 <b>(REQUIRED)</b>		Serial No.
Present Premises (street address)		Post Office address		
City, town or village – Zip Code	County	City, town or village – Zip Code	Telephone No.	
Email Address		Name and Cell Phone # of a Principal of the Licensed Premises		

**PROPOSED PREMISES**

Full name of applicant – licensee		Trade name or other names under which applicant will do business <b>(REQUIRED)</b>		
Street address of premises to be licensed		Post office address of premises		
City, town or village – Zip Code	County	City, town or village – Zip Code		
What specific location in the building will applicant’s business be conducted. (If office building, give room numbers.)				
Name of owner of building		Address of owner of building		
1. Is any license under the Alcoholic Beverage Control Law now in effect for:  (a) The premises for which this application is filed? If so, give serial number and full name of licensee.  (b) Any other part of the building containing the premises? If so, give serial number and full name of licensee.	Yes or No		Serial Number	
	1. (a)	Name of licensee		
	Yes or No		Serial Number	
	(b)	Name of licensee		
2. (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 details.	Yes or No	Date of lease	Date of expiration	
	2. (a)	(b)	(b)	
	Name and address of the immediate lessor			
	(b)			
	Yes or No	Percentage and details		
(c)	(d)			

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3. Will any other business of any kind be carried on in said premises? If so, give details.	Yes or No	
	3. Details	
4. Are the proposed premises located in an area zoned for residential, business or industrial use?	Yes or No 4.	Type of Zone
5. Reason for requesting permission for removal <b>(REQUIRED)</b> :		

**THE APPLICANT HEREBY AGREES THAT THE DIAGRAMS, SURVEY AND ALL OTHER PAPERS FILED IN SUPPORT OF THIS APPLICATION AND 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.**

**THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY INDIVIDUAL OR PARTNERSHIP**

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 \_\_\_\_\_ (Title)

of the above named 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**