

See *Petition for Removal Instructions for Additional Requirements*

STATE OF NEW YORK
LIQUOR AUTHORITY

PETITION FOR REMOVAL
(Grocery Store)

This petition is to be used by a **GROCERY STORE LICENSEE** 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 of \$32.00 prescribed in Section 99-d, subd.3 of the Alcoholic Beverage Control Law. (The law does not provide for any refund of fees prescribed under Section 99-d.

ALL QUESTIONS MUST BE ANSWERED IN THE BOXES BELOW. (If more space is needed, attach a 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 request the permission of the 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 name which applicant will do business (REQUIRED)	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	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 (REQUIRED)		
Street address of premises to be licensed	Post Office of premises (If different)		
City, town or village, - Zip Code	County	City, town or village – Zip Code (If different)	Telephone No.
Between what streets or avenues. (If outside city or village limits and not known by a house number, specify location in relation to nearest intersecting road or highway.			
Name of owner of building in which the premises to be licensed are located	Address of owner of building		
Type of building. (Check appropriate box) <input type="checkbox"/> Residence <input type="checkbox"/> Apartment House <input type="checkbox"/> Office Building <input type="checkbox"/> Taxpayer <input type="checkbox"/> Apartments & stores			
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, state full name of licensee and serial number, Or b) Any other part of the building containing the premises? If so, state full name of licensee and serial number.	1. (a) Yes or No		Serial Number
	Name of Licensee		
	1. (b) Yes or No		Serial Number
	Name of Licensee		
2) (a) Will applicant occupy proposed premises under a written lease or option to lease? (b) If so, the effective date of the lease, the date of expiration and the name and address of the immediate 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
	2. (a)	(b)	(b)
	Name and address of the immediate lessor		
	Yes or No		Percentage and details
	(c)		(d)
3. (a) Will any other business of any kind be carried on in proposed premises? (b) If so, give details.	Yes or No		
	3. (a) Details		
4. Will there be any direct access between the proposed premises and living Quarters? If so, (a) Does applicant plan to occupy these living quarters? (b) If answer to 4(a) is "No" give name and family or business relationship of occupant to the applicant	Yes or No		Yes or No
	4. (a)		(a)
	Name of Occupant		Relationship
	(b)		
5. Will there be any facilities on the proposed premises for the preparation and service of food for consumption on the premises? If so, describe.	Yes or No		Description
	5.		

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6. (a) Does any person not an applicant herein, or, if a corporate applicant, any person not an officer, director or stockholder of such corporation hold any interest, financial, proprietary or other, direct or indirect, in the premises or in the business to be licensed, or made any loan to the applicant for said business or have any lien or mortgage on the fixtures in the business? (b) If so, set forth the names and addresses of such persons, the nature of the interest and the date acquired.	Yes or No	
	6. (a) Name	
	(b) Address	
	Nature of interest	Date acquired
7. (a) State whether any person not an applicant herein, or, if a corporate applicant, any person not an officer, director or stockholder of such corporation, or any person not reported in Question 7 above, shares or will share on a percentage basis or in any way in the receipts, losses or deficiencies of the business, to any extent whatsoever other than by fixed salary. (b) If so, set forth the names and addresses of such persons, the nature and percent of the share and date acquired.	Yes or No	
	7. (a) Name	
	(b) Address	
	Nature and percent of share	Date acquired
8. Reason 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 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 names 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 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