

PERMIT

Application for

Plenary Miscellaneous Permit for

Market Research Testing

ABCL § 99-b.(1)(k) – Class MC 736 (One Occasion)

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**New York State
Division of Alcoholic Beverage Control
State Liquor Authority**

This completed form, typed or neatly printed, MUST be on file and in the possession of the State Liquor Authority not less than THIRTY DAYS before the date of the Scheduled Market Research Test.

In a separate letter, please set for a detailed description of the manner in which the Market Research Testing will be conducted.

A PERMIT FEE OF \$20.00 PLUS A FILING FEE OF \$10.00 WILL BE REQUIRED FOR EACH DATE.

Name of Market Research Company _____

Name of Building where
the Market Research Test will be conducted _____

Street address and room where
the Market Research Test will be conducted _____

City, Town, or Village/ State / Zip _____

County of Market Research Test Location _____

Name of the Contact Person
at the Proposed Location _____

Room Number of
the Contact Person
at the Proposed Location _____

Telephone Number of the Contact Person at the Proposed Location _____

Date of the Market Research Test / Day of Week: Date _____ Day _____

Time the Market Research Test will Start and End: Start Time _____ End Time _____

Name of the Person who will Conduct the Market Research Test _____

Permanent Business Address (Street Address
and Room Number) of the Person conducting
the Market Research Test: _____

City, Town, or Village/ State / Zip _____

Business Telephone Number of the Person conducting the Market Research Test _____

Name of the Market Research
Company Official sending this form _____

Title of the Official
sending this form _____

Signature of the Market Research Company Official sending this form _____

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Please answer all questions. If “none” or “not applicable”, so specify.

MARKET RESEARCH TESTING COMPANY

1.	Full name of Person or Entity Applying to Conduct the Market Research Test: (If partnership, list all partners)	
2.	Trade Name:	
3.	Permanent Street Address of Person or Entity Conducting the Market Research Test:	
4.	City, Town, or Village, and Zip Code:	
5.	County where Located (if within New York State):	
6.	Telephone Number:	
7.	NYS Alcoholic Beverage License No. (if licensed): Date issued:	
8.	Post Office Address (if different from above):	
19.	Has the applicant or (if partnership) any of the partners or (if a corporation) any of the officers, directors, or stockholders, or any agent or employee of the applicant, ever been CONVICTED (including pleas of guilty of suspended sentences) of any felony or of any other crime or offense of any kind except traffic violations?	<p><i>Answer</i> “YES” or “NO”:</p> <p>If “Yes”, please attach a separate sheet providing detailed information of any or all such conviction(s).</p>
20.	If you answered “Yes” to question No. 19, a copy of a Certificate of Conviction for each conviction, certified by the Court, must be attached. Have you attached the required copies?	<p><i>Answer</i> “YES” or “NO” or “Not Applicable”:</p>
21.	Has any alcoholic beverage license or permit issued to the applicant or for any part of the building containing the premises where the market research testing will be held ever been revoked or cancelled?	<p><i>Answer</i> “YES” or “NO”:</p> <p>If “Yes”, please attach a separate sheet providing detailed information of any or all such disciplinary action(s).</p>

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MANUFACTURER OF PRODUCT(S) BEING TESTED (ATTACH ADDITIONAL SHEETS AS NEEDED)

1.	Full name of Manufacturer of the product(s) to be market research tested: (If partnership, list all partners)	
2.	Trade Name of the Manufacturer:	
3.	Permanent Street Address of the Manufacturer:	
4.	City, Town, or Village, and Zip Code:	
5.	County where Located (if within New York State):	
6.	Telephone Number:	
7.	NYS Alcoholic Beverage License No. (if licensed): Date issued:	
8.	Post Office Address (if different from above):	

STATE DISTRIBUTOR OF PRODUCT(S) BEING TESTED (ATTACH ADDITIONAL SHEETS AS NEEDED)

1.	Full name of authorized Distributor importing the product(s) into New York State for the market research test: (If partnership, list all partners)	
2.	Trade Name of the Distributor:	
3.	Permanent Street Address of the Distributor:	
4.	City, Town, or Village, and Zip Code:	
5.	County in New York State where Located:	
6.	Telephone Number:	
7.	NYS Alcoholic Beverage License No.: Date issued:	
8.	Post Office Address (if different from above):	

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PRODUCT(S) BEING MARKET TESTED

(ATTACH ADDITIONAL SHEETS AS NEEDED)

**Is Product Brand Label
Registered in New York?**

1.		
2.		
3.		

EXCISE TAX

Which NYS licensed person or entity will pay the NYS alcoholic beverage Excise Tax?	
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**A COPY OF THE FEDERAL LABEL APPROVAL
FOR EACH PRODUCT BEING TESTED MUST BE ATTACHED**

CONDUCT OF THE MARKET TEST

(ATTACH ADDITIONAL SHEETS AS NEEDED)

1.	State how the participants were recruited. Attach a copy of the advertisement(s) or solicitation(s) sent to the participants.	
2.	Will participants be paid for their participation? If so, how much.	
3.	Will a list of participants be maintained for a period of three years from the date of the test?	
4.	Will participants in the market research be required to show proper proof of age in conformity with ABCL § 65-b.(1)(b)?	
5.	Provide details regarding sample size and number of samples to be given to each participant.	
6.	Will food be provided? If "Yes", please state the kinds and quantities of food to be offered.	
7.	What, if any, transportation is being provided for participants in the market research?	

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THIS CERTIFICATION TO BE SIGNED AND DATED BY THE MARKET RESEARCH TESTING COMPANY

_____ certifies that (s)he

is _____
(Title)

of the above named Market Research Company; that (s)he knows the contents of the above application and the statements and answers therein; that the same are true of his/her own knowledge; that (s)he has been authorized, by the applicant to make the statements and answers in this application with the same force and effect as if the applicant made such statements and answers itself. The undersigned certifies that he/she has read the terms and conditions for the permit applied for and agrees to comply with those conditions.

(Signature of authorized officer)

(Street Address)

(Print Name)

(City, Town, Village) (Zip Code)

(Office Telephone Number)

(Office Fax Number)

**Completed applications and any supporting information
should be mailed to:**

**NEW YORK STATE LIQUOR AUTHORITY
PO BOX 3796
NEW YORK, NY 10008-3796**