



STATE OF NEW YORK
 EXECUTIVE DEPARTMENT
 DIVISION OF ALCOHOL BEVERAGE CONTROL

ENFORCEMENT OFFICES

Albany 518-474-0385
 Buffalo 716-847-3039
 New York City 212-961-8376

POLICE REFERRAL FORM

IN ORDER FOR THE STATE LIQUOR AUTHORITY TO PROPERLY EVALUATE AND DETERMINE THE APPROPRIATE COURSE OF ACTION ON THIS REFERRAL IT IS NECESSARY THAT THE REPORTING OFFICER/AGENCY SUBMIT COPIES OF ALL ARREST REPORT/S; INCIDENT REPORTS; SUPPLEMENTAL REPORTS; WRITTEN STATEMENTS AND AFFIDAVITS; VERBAL ADMISSION FORMS; DRUG BUY SHEETS; LAB/FIELD TEST REPORTS; NAMES ADDRESSES AND PHONE NUMBERS OF WITNESSES; AND ANY OTHER PERTINENT DOCUMENT/S OR INFORMATION WITH THE REFERRAL

TO: DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 ATTN: COUNSEL'S OFFICE
 535 WASHINGTON ST SUITE 303
 BUFFALO, NY 14203

Date: _____

Information from License Certificate	
License Serial# (Upper left corner)	
Name of Licensee	DBA (Trade Name)
Address of Premises	Certificate # (Lower Right corner)
Date and Time of Violation	Name of Person in Charge and Title (Licensee, Manager, Bartender, Etc)

Status of Investigation: <input type="checkbox"/> Open <input type="checkbox"/> Closed	Supporting Documents Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, explain why and date of approximate availability.
Department:	Officers directly involved:
Address:	
City, Town or Village	Phone # Fax #