

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (LIQUOR or WINE STORE)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:
(e.g., Sole Proprietor, Partnership, Corporation,
LLC, LLP, LP, etc.)

Trade Name(DBA): *(see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"*

Premises Street Address:

City: _____, NY Zip Code: _____

County: _____ Telephone Number of Premises (include area code): _____

Mailing Address (if different than above):

City: _____ State: _____ Zip Code: _____

E-mail address (required): _____

Business Website: _____

2. CONTACT (if different than applicant)

Name of Contact:	Attorney	Representative	Contact Person
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Office Address:

City: _____ State: _____ Zip Code: _____

Telephone Number of Office (include area code): _____

E-mail address (required): _____

3. Federal Tax ID #:

4. Certificate of Authority to Collect NYS Sales Tax:

[OFFICE USE ONLY]

DATE FILED: _____

SERIAL #: _____

Approved

Disapproved

License Board Member

Date