

REQUEST TO CHANGE METHOD OF OPERATION - Licensee Information

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. Licensee

Serial Number of Licensee: _____

Name of Licensee: _____

Trade Name(DBA): _____

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): _____

2. CONTACT (if other than applicant)Name of Contact: _____ Attorney Representative Contact Person

Office Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number of Office (include area code): _____

E-mail address (required): _____

[OFFICE USE ONLY]

continued on next page

DATE FILED: _____

SERIAL #: _____

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