

OFFICE USE ONLY

☐ Original

☐ Amended

Date

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):