

SEASONAL - RENEWAL

Please complete all of the fields provided in the form. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

1. Licensed Premises Information

Is your licensed premises closed? YES NO

If yes, is your license in safekeeping with the New York State Liquor Authority? YES NOT APPLICABLE

Licensed Premises Name: License Serial #:

Trade Name (if applicable): Effective Date:

Federal Employer Identification Number: Expiration Date:

If you hold an on-premises license, please select the method of operation from the following list:

Bar/Tavern Cabaret Cafe Catering Establishment
 Club (i.e., Fraternal Org) Hotel Night Club Pizzeria Restaurant

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

Address of the Licensed Premises

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board or notification from the Post Office.

Licensed Premises Address:

City: State: Zip Code:

County: Email Address:

Premises Telephone # (include area code): Contact Phone # (include area code):

Mailing Address (if different than premises address)

Mailing Address:

City: State: Zip Code:

Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

Address:

City: State: Zip Code: