



STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
STATE LIQUOR AUTHORITY

Standardized **NOTICE FORM** for Providing a
30-Day Advance Notice to a Local Municipality or Community Board

in connection with the submission to the State Liquor Authority of a (**check one**)

New Application **Renewal Application**

Alteration Application **Corporate Change**

for an On-Premises Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:	Month	Month	Day	Day	Year	Year										
THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD																	
2.	Name of the Local Municipality or Community Board:																
FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S) FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION																	
3.	Type(s) of alcohol sold or to be sold under the license ("X" one):	<input type="checkbox"/> Beer Only	<input type="checkbox"/> Wine and Beer Only	<input type="checkbox"/> Liquor, Wine, and Beer													
4.	Extent of food service: ("X" one)	<input type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)		<input type="checkbox"/> Tavern / Cocktail Lounge / Adult Venue / Bar (Alcohol sales primarily – meets legal minimum food availability requirements)													
5.	Type of establishment: ("X" all that apply)	<input type="checkbox"/> Hotel	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disk Jockey	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Patron Dancing (Small Scale)	<input type="checkbox"/> Cabaret, Night Club, Discotheque (Large Scale Dance Club)	<input type="checkbox"/> Capacity for 600 or more patrons									
		<input type="checkbox"/> Club (e.g. Golf / Fraternal Org.)	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Catering Facility	<input type="checkbox"/> Karaoke Bar	<input type="checkbox"/> Stage Shows	<input type="checkbox"/> Topless Entertainment	<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)									
6.	Licensed outdoor area:	<input type="checkbox"/> None	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Freestanding Covered Structure	<input type="checkbox"/> Garden / Grounds	<input type="checkbox"/> Sidewalk Cafe	<input type="checkbox"/> Other (Specify):									
7.	Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one):						<input type="checkbox"/> YES	<input type="checkbox"/> NO									
8.	License serial number:	9.		Expiration Date:	Month	Month	Day	Day	Year	Year	Year	Year					
10.	The applicant's or license holder's full name, as it appears or will appear on the license:																
11.	The trade name, if any, under which the establishment conducts or will conduct business:																
12.	The establishment is located within the building which has the following street address:																
13.	City, Town, or Village:	NY						Zip Code:									
14.	The establishment is located on the following floor(s) of the building at the above address:																
15.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:																
16.	Business telephone number of applicant/licensee:					-											
17.	Business fax number of applicant/licensee:					-											
18.	Business e-mail address of applicant/licensee:																
19.	Does the applicant or license holder own the building in which the establishment is located? ("X" one)	Yes <input type="checkbox"/>				If "YES", SKIP items No. 20-23. Complete the 3 entries at Item No. 24.				No <input type="checkbox"/>				If "NO", ANSWER items No. 20-23, and complete the 3 entries at Item No. 24.			
OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED																	
20.	Building owner's full name is:																
21.	Building owner's street address:																
22.	City, Town, or Village:	State						Zip Code:									
23.	Business telephone number of building owner:					-											
24.	I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.																
	By my signature, I affirm – under Penalty of Perjury – that the representations made in this form are true.																
	Printed Name	Title				X				Signature							