



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

Standardized **ORIGINAL APPLICATION 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 the  
**Applicant's Original (First) On-Premises Alcoholic Beverage License Application**  
for the Establishment Identified in this Notice (Page 1 of 2)

1.	Date the Original copy of this Notice was Mailed to the Local Municipality or Community Board:	Month	Month	Day	Day	2	0	Year	Year
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THIS 30-DAY ADVANCE NOTICE IS BEING MAILED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD

2.	Name of the Local Municipality or Community Board:	
3.	Street Address of Local Municipality or Community Board:	
4.	City, Town, or Village:	NY Zip Code:
5.	Telephone Number of Clerk of Local Municipality or Community Board:	

ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S ORIGINAL (FIRST) ON-PREMISES ALCOHOLIC BEVERAGE LICENSE APPLICATION FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE

6.	Attorney's Full Name is:	
7.	Attorney's Street Address:	
8.	City, Town, or Village:	State Zip Code:
9.	Business Telephone Number of Attorney:	

THE APPLICANT WILL FILE AN ORIGINAL (FIRST) APPLICATION FOR AN ON-PREMISES ALCOHOLIC BEVERAGE LICENSE IN ORDER TO CONDUCT - WITHIN THE IDENTIFIED ESTABLISHMENT - THE TYPE OF BUSINESS DESCRIBED BELOW

10.	Type(s) of Alcohol 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				
11.	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-Restaurant (A mixed-use establishment that has both a sit-down dining area and a "stand-up" bar where patrons may receive direct deliveries of alcohol)	<input type="checkbox"/> Tavern / Cocktail Lounge / Adult Venue / Bar (Alcohol sales primarily - meets legal minimum food availability requirements)				
12.	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
13.	Proposed 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"/> Other (Specify):	
14.	Proposed Days and Hours of Operation: (Complete all; circle AM or PM)	<b>Monday</b> ____ : ____ AM PM TO ____ : ____ AM PM	<b>Tuesday</b> ____ : ____ AM PM TO ____ : ____ AM PM	<b>Wednesday</b> ____ : ____ AM PM TO ____ : ____ AM PM	<b>Thursday</b> ____ : ____ AM PM TO ____ : ____ AM PM	<b>Friday</b> ____ : ____ AM PM TO ____ : ____ AM PM	<b>Saturday</b> ____ : ____ AM PM TO ____ : ____ AM PM	<b>Sunday</b> ____ : ____ AM PM TO ____ : ____ AM PM

15.	Will the proposed 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
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16.	Application Serial Number:		
17.	The Applicant's Full Name, as it appears in the application for the On-Premises Alcoholic Beverage License, is:		
18.	The Full Name of the proposed licensed Establishment (the Trade Name under which the proposed Licensed Establishment will conduct business) is:		
19.	The proposed Licensed Establishment is located within the building which has the following street address:		
20.	City, Town, or Village:	NY Zip Code:	
21.	The proposed Licensed Establishment will be located on the following floor(s) of the building at the above address:		
22.	Within the building at the above address, the proposed Licensed Establishment will be located within the room(s) numbered as follows:		
23.	Business Telephone Number of the Applicant:		
24.	Does the Applicant own the building in which the proposed Licensed Establishment will be located? ("X" one)	Yes <input type="checkbox"/> If "YES", SKIP items No. 25-28. Go to Item No. 29, and complete the form.	No <input type="checkbox"/> If "NO", ANSWER items No. 25-28. Then continue to Item No. 29, and complete the form.

OWNER OF THE BUILDING IN WHICH THE PROPOSED LICENSED ESTABLISHMENT WILL BE LOCATED

25.	Building Owner's Full Name is:	
26.	Building Owner's Street Address:	
27.	City, Town, or Village:	State Zip Code:
28.	Business Telephone Number of Building Owner:	



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for the Establishment Identified in this Notice (Page 2 of 2)

IN ORDER TO INSURE THAT PAGES 1 AND 2 OF YOUR NOTICE ARE NOT SEPARATED OR MISPLACED, PLEASE RE-ENTER IMMEDIATELY BELOW THE INFORMATION REGARDING YOUR APPLICATION SERIAL NUMBER, NAME, AND TRADE NAME YOUR COURTESIES ARE APPRECIATED	
16.	Application Serial Number:
17.	The Applicant's Full Name, as it appears in the application for the On-Premises Alcoholic Beverage License, is:
18.	The Full Name of the proposed licensed Establishment (the Trade Name under which the proposed Licensed Establishment will conduct business) is:

INFORMATION REGARDING THE ALCOHOLIC BEVERAGE LICENSE **MOST RECENTLY ISSUED**  
FOR THE APPLICANT'S PROPOSED LICENSED ESTABLISHMENT

29.	Has a business involving the licensed on-premises sale and/or consumption of alcoholic beverages ever been conducted within the proposed Licensed Establishment?	Yes <input type="checkbox"/>	If "YES", ANSWER Items No. 30-41, and complete the 3 entries at Item No. 42.	No <input type="checkbox"/>	If "NO", SKIP items No. 30-41. Complete the 3 entries at Item No. 42.
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PROVIDE THE FOLLOWING INFORMATION WITH REGARD TO THE LICENSED BUSINESS PREVIOUSLY OPERATED (OR NOW BEING OPERATED)  
UNDER THE ALCOHOLIC BEVERAGE LICENSE **MOST RECENTLY ISSUED** FOR THE APPLICANT'S PROPOSED LICENSED ESTABLISHMENT

30.	Type(s) of Alcohol sold under the most recent License (check one):	<input type="checkbox"/> Beer Only	<input type="checkbox"/> Wine and Beer Only	<input type="checkbox"/> Liquor, Wine, and Beer					
31.	Extent of Food Service: ( <b>"X"</b> one)	<input type="checkbox"/> Restaurant (Sale of Food Primarily; Full Food Menu; Kitchen run by Chef)	<input type="checkbox"/> Tavern-Restaurant (A mixed-use establishment that has both a sit-down dining area and a "stand-up" bar where patrons may receive direct deliveries of alcohol)	<input type="checkbox"/> Tavern / Cocktail Lounge / Adult Venue / Bar (Alcohol sales primarily - meets legal minimum food availability requirements)					
32.	Type of Establishment: ( <b>"X"</b> 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	
33.	Licensed Outdoor Area(s):	<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"/> Other (Specify):		
34.	Previous Days and Hours of Operation: (Complete all; circle AM or PM)	<b>Monday</b> : AM PM TO : AM PM	<b>Tuesday</b> : AM PM TO : AM PM	<b>Wednesday</b> : AM PM TO : AM PM	<b>Thursday</b> : AM PM TO : AM PM	<b>Friday</b> : AM PM TO : AM PM	<b>Saturday</b> : AM PM TO : AM PM	<b>Sunday</b> : AM PM TO : AM PM	
35.	Was the former License Holder or a Manager physically present within the establishment during All Hours of Operation? ( <b>"X"</b> one):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW					
36.	Serial Number of the on-premises alcoholic beverage license most recently issued for the Applicant's proposed Licensed Establishment:								
37.	Expiration date of the on-premises alcoholic beverage license most recently issued for the Applicant's proposed Licensed Establishment:	Month	Month	Day	Day	Year	Year	Year	Year
38.	The most recent License Holder's Full Name, as set forth on the on-premises alcoholic beverage license most recently issued for the Applicant's proposed Licensed Establishment::								
39.	The Full Name of the most recent licensed establishment (Trade Name) as set forth on the on-premises alcoholic beverage license most recently issued for the Applicant's proposed Licensed Establishment::								
40.	Is the Applicant's proposed Establishment currently open and being operated by the license holder of the most recently issued on-premises alcoholic beverage license? ( <b>"X"</b> one):	Yes <input type="checkbox"/>	If "YES", ANSWER item No. 41, and complete the 3 entries at Item No. 42.	No <input type="checkbox"/>	If "NO", SKIP item No. 41, and complete the 3 entries at Item No. 42.				
41.	Business Telephone Number of the license holder of the most recently issued license for the Applicants proposed Licensed Establishment:				-				

42.	I hold the License or am a Principal of the Legal Entity that holds the License. Representations in this form are in full conformity with representations made in documents that have been submitted (or documents that will be submitted) to the State Liquor Authority, and relied upon by the Authority. I understand that representations made in this form will be also relied upon by the Authority, and that false representations in any document submitted to the Authority may result in revocation of the license. By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.	
	Printed Name	Title
	Signature <b>X</b>	