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

Standardized **RENEWAL 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 a
Renewal Application 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 / 2 0 Year Year

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 FOR THE LICENSE HOLDER SUBMITTING THE RENEWAL APPLICATION

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:	- -

CURRENT LICENSE HOLDER WHO/THAT WILL SUBMIT THE RENEWAL APPLICATION TO THE STATE LIQUOR AUTHORITY

10.	Type(s) of Alcohol sold under the License ("**X**" one):	☐ Beer Only ☐ Wine and Beer Only ☐ Liquor, Wine, and Beer
11.	Extent of Food Service: ("**X**" one)	☐ Restaurant (Sale of Food Primarily; Full Food Menu; Kitchen run by Chef) ☐ 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) ☐ Tavern / Cocktail Lounge / Adult Venue / Bar (Alcohol sales primarily - meets legal minimum food availability requirements)
12.	Type of Establishment: ("**X**" all that apply)	☐ Hotel ☐ Live Music ☐ Disk Jockey ☐ Juke Box ☐ Patron Dancing (Small Scale) ☐ Cabaret, Night Club, Discotheque (Large Scale Dance Club) ☐ Capacity for 600 or more patrons ☐ Club (e.g. Golf / Fraternal Org.) ☐ Bed & Breakfast ☐ Catering Facility ☐ Stage Shows ☐ Topless Entertainment ☐ Other (Specify):
13.	Licensed Outdoor Area:	☐ None ☐ Rooftop ☐ Patio or Deck ☐ Freestanding Covered Structure ☐ Garden / Grounds ☐ Other (Specify):
14.	Days and Hours of Operation (Complete all; circle AM or PM)	**Monday** : AM PM **TO** : AM PM; **Tuesday** : AM PM **TO** : AM PM; **Wednesday** : AM PM **TO** : AM PM; **Thursday** : AM PM **TO** : AM PM; **Friday** : AM PM **TO** : AM PM; **Saturday** : AM PM **TO** : AM PM; **Sunday** : AM PM **TO** : AM PM
15.	Will the License Holder or a Manager be physically present within the establishment during All Hours of Operation? ("**X**" one):	☐ YES ☐ NO
16.	License Serial Number:	17. Expiration Date: Month Month / Day Day / Year Year Year Year
18.	The License Holder's Full Name, as it appears on the Alcoholic Beverage License Certificate, is:	
19.	The Full Name of the Establishment (the Trade Name under which the Licensed Establishment conducts business) is:	
20.	The Licensed Establishment is located within the building which has the following street address:	
21.	City, Town, or Village:	NY Zip Code:
22.	The Licensed Establishment is located on the following floor(s) of the building at the above address:	
23.	Within the building at the above address, the Licensed Establishment is located within the room(s) numbered as follows:	
24.	Business Telephone Number of Current License Holder:	- -
25.	Does the License Holder own the building in which the Licensed Establishment is located? ("**X**" one)	Yes ☐ If "YES", SKIP items No. 26-29. Complete the 3 entries at Item No. 30. / No ☐ If "NO", ANSWER items No. 26-29, and complete the 3 entries at Item No. 30.

OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED

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

30. I hold the License or am a Principal of the Legal Entity that holds the License. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the existing license. I understand that representations made in this form will also be relied upon, and that false representations may result in 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	Signature
		X