rev 1/22/16	OFFICE USE ONLY
NEW YORK STATE OF OPPORTUNITY. Auth	Original Amended Date Liquor Standardized NOTICE FORM for Providing <u>30-Day Advanced Notice</u> to a Local Municipality or Community Board (Page 1 of 2)
1. Date Notice Was Sent:	1a. Delivered by:
 Select the type of Applicat 	ion that will be filed with the Authority for an On-Premises Alcoholic Beverage License
New Application	enewal 🗌 Alteration 🗌 Corporate Change 📄 Removal 📄 Class Change
For Renewal applicants, set f For Alteration applicants, at For Corporate Change appli For Removal applicants, atta	each question below using all information known to date. Forth your approved Method of Operation only. tach a complete written description and diagrams depicting the proposed alteration(s). cants, attach a list of the current and proposed corporate principals. ch a statement of your current and proposed addresses with the reason(s) for the relocation. , attach a statement detailing your current license type and your proposed license type.
This 30-Day Advance Notice	e is Being Provided to the Clerk of the following Local Municipality or Community Board
3. Name of Municipality or Co	ommunity Board:
Applicant/Licensee Informa	ntion
4. License Serial Number, if A	pplicable: Expiration Date, if Applicable:
5. Applicant or Licensee Nam	ie:
6. Trade Name (if any):	
7. Street Address of Establish	ment:
8. City, Town or Village:	,NY Zip Code :
9. Business Telephone Numb	er of Applicant/Licensee:
10. Business Fax Number of A	Applicant/Licensee:
11. Business E-mail of Applic	ant/Licensee:
12. Type(s) of Alcohol sold or	to be sold: 🔹 🔄 Beer & Cider 🔄 Wine, Beer & Cider 📄 Liquor, Wine, Beer & Cider
13. Extent of Food Service:	 Full food menu; Full Kitchen run by a chef or cook Menu meets legal minimum food availability requirements; Food prep area at minimum
14. Type of Establishment:	
15. Method of Operation: (Check all that apply)	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.):
16. Licensed Outdoor Area: (Check all that apply)	None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewalk Cafe Other (specify):

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	te Liquor hority	Standardized <u>NOTI</u>		oviding <u>30-Day Adv</u> cal Municipality or C	
17. List the floor(s) of the b	uilding that the e	establishment is located on	:		
18. List the room number(s building, if appropriate		ent is located in within the			
19. Is the premises located	within 500 feet o	of three or more on-premise	es liquor establishn	nents? (Yes ()No	
20. Will the license holder of	or a manager be p	ohysically present within th	e establishment di	uring all hours of operation	n? (Yes (No
21. If this is a transfer appli	cation (an existin	g licensed business is bein	g purchased) provi	de the name and serial nu	mber of the licensee.
22. Does the applicant or li	censee own the k	ouilding in which the estab	lishment is located	? 🔿 Yes (If Yes SKIP 23-20	6) 🔵 No
	Owner of the	e Building in Which the Li	censed Establishn	nent is Located	
23. Building Owner's Full N	ame:				
24. Building Owner's Street	t Address:				
25. City, Town or Village:			State:	Zip Code :	
26. Business Telephone Nu	mber of Building	Owner:			
		r Attorney representing t se to traffic in alcohol at tl			
27. Representative/Attorne	y's Full Name:				
28. Street Address:					
29. City, Town or Village:			State:	Zip Code :	
30. Business Telephone Nu	mber of Represe	ntative/Attorney:			
31. Business Email Address	:				
in this form are in granting the license. It	conformity with understand that r may result in	am a principal of the legal e representations made in su representations made in th n disapproval of the applica oder Penalty of Perjury - th	ubmitted documen is form will also be ation or revocation	ts relied upon by the Auth relied upon, and that false of the license.	nority when e representations
32. Printed Name:			Title]
Signature: X					