

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

WYORK  
OFFICIAL

State Liquor  
Authority

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

(Page 1 of 2 of Form)

Rec'd By Community Board 3, M

1. Date Notice Was Sent:  1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

- New Application  
 Renewal  
 Alteration  
 Corporate Change  
 Removal  
 Class Change

For **New** applicants, answer each question below using all information known to date.  
For **Renewal** applicants, set forth your approved Method of Operation only.  
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s).  
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals.  
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.  
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type.  
\*Upgrade from Tavern/Wine license to Full Liquor\*

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board:

#### Applicant/Licensee Information

4. License Serial Number, if Applicable:  Expiration Date, if Applicable:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  ,NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/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.):   
 Patron Dancing  
 Employee Dancing  
 Exotic Dancing  
 Topless Entertainment  
 Video/Arcade Games  
 Third Party Promoters  
 Security Personnel  
 Other (specify):

16. Licensed Outdoor Area: (Check all that apply)

None  
 Patio or Deck  
 Rooftop  
 Garden/Grounds  
 Freestanding Covered Structure  
 Sidewalk Cafe  
 Other (specify):

*UPGRADE TO Full liquor licence*

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WYORK  
SPECIALTIES

State Liquor  
Authority

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

(Page 2 of 2 of Form)

17. List the floor(s) of the building that the establishment is located on:
18. List the room number(s) the establishment is located in within the building, if appropriate:
19. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
22. Does the applicant or licensee own the building in which the establishment is located?  Yes (If Yes SKIP 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

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

**Representative or Attorney representing the Applicant in Connection with the  
application for a license to traffic in alcohol at the establishment identified in this notice**

27. Representative/Attorney's Full Name:
28. Street Address:
29. City, Town or Village:  State:  Zip Code:
30. Business Telephone Number of Representative/Attorney:
31. Business Email Address:

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.

32. Printed Name:  Title:

Signature: X 