

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

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   
  Method of Operation Change

For **New** applicants, answer each question below using all information known to date  
 For **Renewal** applicants, answer all questions  
 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  
 For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**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. Licensee 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 E-mail of Applicant/Licensee: \_\_\_\_\_
11. Type(s) of alcohol sold or to be sold:     
  Beer & Cider     
  Wine, Beer & Cider     
  Liquor, Wine, Beer & Cider
12. 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

13. Type of Establishment: \_\_\_\_\_

14. 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): _____  |                       |                    |                       |         |

15. Licensed Outdoor Area: (check all that apply)
- |   |               |         |                |                                |
|---|---------------|---------|----------------|--------------------------------|
| None                                      | Patio or Deck | Rooftop | Garden/Grounds | Freestanding Covered Structure |
| Sidewalk Cafe      Other (specify): _____ |               |         |                |                                |

