



MAR 17 2015

opla-rev 11/13/2013

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

49

State of New York
Executive Department
Division of Alcoholic Beverage Control
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)

1. Date Notice was Sent: (mm/dd/yyyy)
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

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 not a New Application: Expiration Date, if not a New Application:
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:

**For New applicants, provide description below using all information known to date.
For Alteration applicants, attach complete description and diagram of proposed alteration(s).
For Current Licensees, set forth approved Method of Operation.
Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer
13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)
14. Type of Establishment: ("X" all that apply)

<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Karaoke Bar	<input type="checkbox"/> Stage Shows
<input type="checkbox"/> Patron Dancing (small scale)	<input type="checkbox"/> Cabaret, Night Club (Large Scale Dance Club)		<input type="checkbox"/> Catering Facility		
<input type="checkbox"/> Capacity of 600 or more patrons		<input type="checkbox"/> Topless Entertainment	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel	
<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)		<input type="checkbox"/> Club (e.g. Golf Club/Fraternal Org.)		<input type="checkbox"/> Bed & Breakfast	
<input type="checkbox"/> Seasonal Establishment					
15. Licensed Outdoor Area: ("X" all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text"/>				

18

opla-rev 11/13/2013

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

49

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 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)

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No
19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

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

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the
 Establishment Identified in this Notice**

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

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.

30. Printed Name: Title:
- Signature: X 