

JUL 5 2025

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Liquor Board 3, Man.
Authority

Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

1. Date Notice Was Sent: 1a. Delivered by:
2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space

This Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality:

Licensee Information

4. License ID Number:
6. License name:
7. Trade Name (if any):
8. Street Address of Establishment:
9. City, Town or Village: ,NY Zip Code:
10. Business Telephone Number of Applicant/Licensee:
11. Business E-mail of Applicant/Licensee:
12. Describe municipal space to be added:
- 12a. What date did you apply for a municipal permit?

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name:
14. Street Address:
15. City, Town or Village: State: Zip Code:
16. Business Telephone Number of Representative/Attorney:
17. Business Email Address:

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

18. Printed Name: Title:

Signature: X

The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space.

**Please forward any concerns regarding the issuance of the alteration to the attention of
The New York State Liquor Authority by e-mail community@sla.ny.gov**

JUL 25 2025

by Community Board 3, Man.