

## 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): _____ |               |         |                |                                |

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

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 within 500 feet of three or more on-premises liquor establishments?      Yes      No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?      Yes      No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

|      |               |
|------|---------------|
| Name | Serial Number |
|------|---------------|

21. 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**

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village:      State:      Zip Code:

25. 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**

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village:      State:      Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or 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.

31. Printed Principal Name:      Title:

**Principal Signature:** \_\_\_\_\_ *Leroy Garcia*