

APPLICATION FOR PERMISSION TO MAKE ALTERATIONS

**This application must be filed with the Albany office of the State Liquor Authority located at:
80 South Swan Street, Suite 900, Albany, NY 12210-8004**

NO FEE IS REQUIRED

The licensee named below hereby requests the permission of the State Liquor Authority to make alterations to the licensed premises as set forth below.

Serial Number:

County:

Phone #:

Full name of Licensee as listed on the License:

Trade Name (DBA) as listed on the License:

Address of the Licensed Premises:

City:

Zip Code:

Business Email Address:

Post Office/Mailing Address (if different than premises):

1. CHECK ONE: Substantial Alteration Minor Alteration

2. List proposed alterations (describe all changes fully. If more space is needed, attach additional sheets):

3. Is space being added or eliminated from the licensed premises?

3a. If added, provide size, location and use of space:

3b. If additional space is added, provide name of landlord and terms of lease, if applicable (*a copy of an amended lease may be required*):