

APPLICATION FOR FARM BREWERY BRANCH OFFICE (FD 618)

TO BE FILLED IN BY APPLICANT

Name of Applicant :
(Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): *See instructions. You must provide a trade name or indicate that no trade name will be used.*

Licensed Farm Brewery Street Address:

City: , NY Zip Code: County:

E-mail address:

License Number: Telephone Number:

Mailing Address of Licensed Farm Brewery (if different):

City: , NY Zip Code: County:

BRANCH OFFICE INFORMATION

Branch Office Street Address:

City: , NY Zip Code: County:

Mailing Address of Premises (if different):

City: , NY Zip Code: County:

Telephone Number:

CONTACT INFORMATION

Name of Contact Attorney Representative Contact

Submit a completed Notice of Appearance

Office Address

City: State Zip Code

Telephone Number of Office (Include Area Code)

E-mail Address (if available)

[OFFICE USE ONLY] APPROVED DISAPPROVED