

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

# LICENSE

## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL MANUFACTURER LICENSE(S)

*It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.*

### 1. APPLICANT

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

Trade Name(DBA): *(see instructions) \*\* must be provided if premises will be called by any name other than as listed in the "Name of Applicant"*

Premises Street Address:

City: \_\_\_\_\_, **NY** Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number of Premises (include area code): \_\_\_\_\_

Mailing Address (if different than above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address (required):

Business Website:

### 2. CONTACT *(if different than applicant)*

Name of Contact: \_\_\_\_\_ Attorney Representative Contact Person

Office Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number of Office (include area code):

E-mail address (required):

### 4. Federal Tax ID #:

### 5. Certificate of Authority to Collect NYS Sales Tax:

*(required if license allows for retail privileges)*

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DATE FILED:	SERIAL #:		
Approved	Disapproved		
		License Board Member	Date