



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

# LICENSE 29

## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

*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):

**3. For SEASONAL licenses only** (select license date range): \_\_\_\_\_ to:

**4. Number of ADDITIONAL BARS** (if any): \_\_\_\_\_

**5. Which season will the add bars operate:** \_\_\_\_\_

**6. Federal Tax ID Number:** \_\_\_\_\_

**7. Certificate of Authority to Collect NYS Sales Tax:**

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DATE FILED:	<input type="text"/>	SERIAL #:	<input type="text"/>
Approved	<input type="radio"/>	Disapproved	<input type="radio"/>
	<input type="text"/>		<input type="text"/>
	License Board Member		Date