

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL**

**1. Licensed Premises Information**

Is your licensed premises closed?  YES  NO

If yes, is your license in safekeeping with the Authority?  YES  NO

If yes, do you wish for your license to remain in Safekeeping at Renewal?  YES  NO

If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name:  License Serial #:

Trade Name (if applicable):

Federal Employer Identification Number :

**1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor**

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

- Restaurant  Catering Establishment  Club (i.e., Fraternal Org)  Ball Park/Stadium/Arena  Cabaret  Bed & Breakfast
- Bar/Tavern  Adult Entertainment  Night Club/Dance Club  Country Club/ Golf Course  Hotel  Sports Bar

If dancing is permitted at the premises, who is be permitted to dance?  Patrons  Employees  Both  Not Applicable

If dancing is permitted, is there exotic dancing (i.e.pole dancing, lap dancing, etc.)?  YES  NO  Not Applicable

Is there topless entertainment at the premises?  YES  NO

**Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.**

**1b. Address of the Licensed Premises**

Licensed Premises Address:

*\*Required*

City:  State:  Zip Code:

County:  Email Address:

*\*Required*

Premises Telephone # (include area code):  Contact Phone # (include area code):

*\*Required*

**If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.**

**Mailing Address (if different than premises address)**

Mailing Address:

City:  State:  Zip Code: