



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

LICENSE 29

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (VESSEL)

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.)

Name of Vessel:

Mooring Address of Vessel:

City: _____, **NY** Zip Code: _____

County: _____ Telephone Number of Vessel (include area code): _____

Office Address (if different than above):

City: _____ State: _____ Zip Code: _____

E-mail address (required):

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):

Is this application filed under the Self Certification Program? Yes No

3. Are you applying for a summer seasonal license to operate April to October? Yes No

4. Number of ADDITIONAL BARS (if any):

5. Federal Tax ID Number:

6. Coast Guard Registration Number (submit copy of registration):

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