



OFFICE USE ONLY		
Original	Amended	Date

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL WHOLESALE OR IMPORTER LICENSE

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 the promise of influence in obtaining a license is a violation of the law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant :
(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. Federal Tax ID #:

4. Certificate of Authority to collect NYS Sales Tax *(C 103 Wholesale Beer only):*

[OFFICE USE ONLY]			
DATE FILED:	SERIAL #:		
Approved	Disapproved		
			Date
			License Board Member