

LICENSE

NEW YORK STATE LIQUOR AUTHORITY ALCOHOLIC BEVERAGE CONTROL CHAIN RESTAURANT APPLICATION

This application form is to be used by a licensee requesting the permission of the Liquor Authority to add an additional chain restaurant premises where alcoholic beverages may be sold to be consumed on the licensed premises pursuant to Section 64 of the A.B.C. Law. The original of this application must be properly executed and filed with the New York State Liquor Authority. You must have a minimum of three (3) licensed restaurants and the licensee name must be exactly the same for all chain licenses in order to apply for CHAIN RESTAURANT status.

Please note that per Section 110(b) of the ABC Law all on-premises applicants (whether applying for beer; beer & wine; or beer, wine & liquor) are required to notify the Municipality or Community Board at least 30 days prior to filing the application with the New York State Liquor Authority.

**THE COMMUNITY BOARD/MUNICIPALITY NOTICE FORM AND
PROOF OF MAILING MUST BE SUBMITTED WITH THIS APPLICATION.**

The License and Filing Fees must be submitted with the application. For a list of all fees (*Retail Fee Schedule*) please visit our website at: <http://www.sla.ny.gov>.

**Please mail the application and payment to:
NEW YORK STATE LIQUOR AUTHORITY
Church Street Station, PO Box 3817
New York, NY 10008-3817**

The application must be accompanied by the following:

- 01) Check or money order payable to the New York State Liquor Authority for the required fees
- 02) Chain Restaurant Application
- 03) Applicant's Statement
- 04) Right to Premises
- 05) Landlord Identification
- 06) 500 Foot Rule Statement
- 07) Statement of Area Plan
- 08) Notice of Appearance (must be completed by the individual listed under the Contact section and the individual listed as the corporate contact, if they are different)
- 09) Personal Questionnaire(s) for the Manager(s) at this location
- 10) Copy of a Photo ID for the Manager(s) at this location
- 11) Color photo, no smaller than 2"x2", of the Manager(s) at this location
- 12) Copy of Standardized Notice Form for providing 30-Day Advance Notice to a Local Municipality or Community Board along with a copy of the proof of mailing (if applicable)
- 13) Bond in the penal sum of \$1,000.00 issued by a surety company, authorized to execute such bonds in the State of New York with the applicant name, premises address, correct expiration date and signed by an authorized officer
- 14) Photographs of the interior and exterior of the premises to be licensed
- 15) Lease Agreement
- 16) Contract of Sale or Conveyance (if applicable)
- 17) Application for Liquidator's Permit (if applicable)
- 18) Temporary Retail Permit application (if applicable)

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED BEFORE A LICENSE CAN BE ISSUED

- 01) Newspaper Affidavit
- 02) Certificate of Authority to Collect Sales Tax
- 03) Certificate of Occupancy
- 04) Worker's Compensation/Disability Benefits Policy Carrier Name and Policy Number



ALL QUESTIONS IN THE APPLICATION MUST BE ANSWERED COMPLETELY.

(If more space is needed, attach additional sheets). Any false answer or statement made by the applicant/ licensee may subject the licensee to disciplinary proceedings and/or disapproval of the application.

Serial number of Master File license (licensed as a Chain Restaurant): []

Name of Licensee : []

Trade Name (DBA) : []

Street Address of Location to be Licensed : []

City : [] , NY Zip Code : []

County: [] Federal Tax ID No.: []

Mailing Address: []

City : [] State : [] Zip Code : []

County: [] Email address : []

Telephone No.: [] Fax No.: []

Name of corporate contact (if different than contact below): []

CONTACT (if represented by a third party, such as an attorney, or list the person that will serve as the primary contact)

Name of Contact: [] Attorney Representative Contact Person

Office Address: []

City: [] State: [] Zip Code: []

Telephone Number of Office (include area code): []

E-mail address : []

Is this application filed under the Self Certification Program? YES NO

1. Is the footprint/layout of the building the same as all existing chain establishments currently licensed by you? YES NO If no, supply a diagram and an establishment questionnaire.

2. Is this location currently licensed? YES NO If yes, set forth current serial number: []

2a. Is the METHOD OF OPERATION the same as all existing Chain Establishment YES NO If NO supply a new Method of Operation

3. Complete this section to list the Manager(s) for this location.

Name of Manager Residence Social Security #: Date of Birth [] [] [] []

Name of Manager Residence Social Security #: Date of Birth [] [] [] []

Submit a Personal Questionnaire, copy of photo ID and a color photo for each manager listed above.



4a. Have any changes occurred to the ownership or management of your business organization which have not been reported to and acknowledged by the State Liquor Authority? YES NO

If yes explain nature of change(s) below and obtain the appropriate license change application and file together with this form.

4b. Have all principal officers or directors of your business organization supplied fingerprints and personal questionnaires to the Authority? YES NO

If no, please see the fingerprint instructions on our website at: www.sla.ny.gov

4c Have any arrests, summonses, and or convictions of your business organization or any proprietor, partner, officer or director of the currently licensed business organization occurred since the last application for any current chain license was signed and filed or renewed?

If yes explain below: YES NO

Name of Defendant:

Connection with business:

Crime or Offense:

Date of Offense:

Disposition of Case:

Submit certificate of disposition, arrest report and/or certificate of relief from disabilities.

5. Statement of Finances:
Have all funds invested in the new license location, except as shown below, come from the accounts of the licensee? YES NO

Other sources of additional funds, if applicable:

6. List the Carrier Names and Policy Numbers for the Workers' Compensation & Disability Policies
NYS Law requires businesses to carry workers' compensation and disability insurance.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:



APPLICANT'S STATEMENT

I, [print name] _____

(the sole proprietor, partner, corporate principal or LLC/LLP member)
of the applicant for an Alcoholic Beverage Control License understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Signature

Date



RIGHT TO PREMISES

1. RIGHT TO PREMISES

a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to Lease

Other (explain):

b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? YES NO

If YES, list the section/page of the lease this information can be found

2. INTERESTED PARTIES

a. Is there currently a license to traffic in alcoholic beverages in effect for the premises for which this application is filed?

- YES
 NO
 Do Not Know

b. Name of current/previous licensee: License Serial Number:

c. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee? YES NO Do Not Know

Any pending disciplinary action may prevent a determination on this application or result in the disapproval of the application with or without prejudice.

d. Does anyone other than the applicant/principals share or will share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever? YES NO

If YES, state the names and address of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>



LANDLORD IDENTIFICATION INFORMATION

1. Name of Landlord (as appears on lease and deed):

2. Landlord Mailing Address

Street Address:

City: State: Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals

Name	Address
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>

Name	Address
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>

Name	Address
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>

Name	Address
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>

5(a). Are any persons listed on this form currently or previously licensed under the ABC Law? YES NO

5(b). If YES, list the names and serial numbers:

6(a). Are any persons listed on this form police officers: YES NO

6(b). If YES, list the names :

7. List number of years real property has been owned by landlord:



500 FOOT RULE STATEMENT

**Applicants for on premises liquor licenses must complete this section
(Not required for on premises beer or wine application)**

If the location is subject to the 500 foot rule, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within 500' of three or more similarly licensed premises. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The proposed premises: Check the appropriate box below:

- PREMISES IS NOT WITHIN A 500' RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- PREMISES IS WITHIN A 500' RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- NOT APPLICABLE - POPULATION UNDER 20,000

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN 500' OF THE PROPOSED PREMISES

IMPORTANT:

If premises is within a 500' radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **SUBMIT A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.



STATEMENT OF AREA PLAN

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN **300 FEET**

2. Is the premises within 200' of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?** YES
 (Exclusive use as a church or place of worship will be determined by this agency)
 (Please respond "YES" if ANY school, church or place of worship is within 200') NO

3. Submit a **BLOCK PLOT DIAGRAM** or **AREA MAP** showing the location of any school, church or place of worship in proximity to your proposed premises (8½" x 11")

Indicate distance in feet from the proposed premises. Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
2. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
3. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
4. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200' of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.



STATE OF NEW YORK
NOTICE OF APPEARANCE

Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection, a record of who appears before it, for a fee as a third party (i.e., an attorney, an agent, lobbyist*, or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency. This usually occurs when the third party's client is involved in an enforcement, formal permit, or application matter. *This form is subject to all the rules and regulations of the Freedom of Information Law. Information that is confidential as a matter of law need not be furnished.*

Agency:

Date:

Division/Bureau:

1. Name of individual appearing:

Address:

Telephone:

2. Client represented:

Address:

Telephone:

3. Subject of appearance: **Regulatory/Enforcement** **Lobbying**

4. Acting in capacity of:

Attorney **Lobbyist** **Agent**

Other (describe) _____

5. Are you being compensated? **Yes** **No**

If YES, Check FEE or SALARY **FEE** **SALARY**

6. Signature of individual appearing: _____

7. Agency official (print name): _____

Signature: _____

*A LOBBYIST is a person or organization, other than a New York State government employee acting in an official capacity, who appears for the purpose of influencing the adoption or rejection of proposed rules, regulations, rates, legislation, including the State budget or the specification or award of a State Procurement Contract. An "appearance" for lobbying purposes can be a personal visit, letter, telephone call, conversation at a meeting, or any other type of contact, but does not include "on the record" proceedings or hearings.



PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.
(Lendors, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

NAME OF APPLICANT

1. STATEMENT OF IDENTIFICATION

Print **YOUR** name: Date of birth Social Security Number

Residence street address County

City State Zip Code Residence Telephone Cellular Phone

E-mail Address U.S. Citizen YES NO If NOT U.S. citizen - country of citizenship

If ALIEN, registration number or VISA type List any other names that you may have been known by (including maiden name)

HEIGHT <input style="width: 120px; height: 25px;" type="text"/> WEIGHT <input style="width: 120px; height: 25px;" type="text"/> SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	HAIR COLOR <input style="width: 120px; height: 25px;" type="text"/> EYE COLOR <input style="width: 120px; height: 25px;" type="text"/>	MARITAL STATUS <input style="width: 200px; height: 25px;" type="text"/> SPOUSE NAME <input style="width: 200px; height: 25px;" type="text"/> SPOUSE'S SOCIAL SECURITY #: <input style="width: 120px; height: 25px;" type="text"/>
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2. Position (or interest) you will hold (check each):

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="radio"/> President | <input type="radio"/> Director | <input type="radio"/> Manager |
| <input type="radio"/> Vice President | <input type="radio"/> Stockholder | <input type="radio"/> Lender* |
| <input type="radio"/> Secretary | <input type="radio"/> Partner | <input type="radio"/> Donor* |
| <input type="radio"/> Treasurer | <input type="radio"/> General Partner | <input type="radio"/> Guarantor* |
| <input type="radio"/> Chairman | <input type="radio"/> Limited Partner | <input type="radio"/> LLC Manager |
| <input type="radio"/> Officer | <input type="radio"/> Sole Proprietor | <input type="radio"/> LLC Member |
| <input type="radio"/> ABC Officer | <input type="radio"/> Other _____ | |

*If Lendor, Donor or Guarantor state your relationship to the applicant.

continued on next page



Print **YOUR** Name

3. Residences for the past TEN years.

Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	From (month/year)	To (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Your occupation for the past TEN years

From/To (month/year)	Employer	Employer Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of business	Position	
<input type="text"/>	<input type="text"/>	
From/To (month/year)	Employer	Employer Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of business	Position	
<input type="text"/>	<input type="text"/>	
From/To (month/year)	Employer	Employer Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of business	Position	
<input type="text"/>	<input type="text"/>	

5. LICENSE HISTORY / AFFILIATIONS

- (a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? YES NO

List hours you will devote to business sought to be licensed:



Print **YOUR** Name

(b) Will you take an active part in the operation of the business to be licensed? YES NO

If YES, explain nature of activity (hours, days, responsibilities):

(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? YES NO

If YES, provide information below:

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

(d) Other than as itemized in the above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership or corporation in which you are/were a principal? YES NO

If YES, provide information below:

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition



Print **YOUR** Name

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

- (e) Has a license or permit listed above been REVOKED, CANCELED or otherwise **Involuntarily Terminated**? YES NO

If YES, state action and date of action, and give details:

- (f) Are you a police commissioner or law enforcement/police officer? YES NO

If YES, provide details

Print **YOUR** Name

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages?

YOU	SPOUSE
<input type="radio"/> YES	<input type="radio"/> YES
<input type="radio"/> NO	<input type="radio"/> NO

If YES, supply details

(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor or driving while intoxicated or impaired?

YOU	SPOUSE
<input type="radio"/> YES	<input type="radio"/> YES
<input type="radio"/> NO	<input type="radio"/> NO

If YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

(c) If you have previously been approved for a license and had been convicted of any felony misdemeanor or other type of offense except minor traffic infractions were all convictions reported to the Authority? YES NO

If YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

(d) **Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING** against you or your spouse - including driving while intoxicated or impaired?

YOU	SPOUSE
<input type="radio"/> YES	<input type="radio"/> YES
<input type="radio"/> NO	<input type="radio"/> NO

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

7. Do you have any relationship with the current/previous licensee or any of the principals of the licensee? YES NO

If YES, please state exactly what the relationship is (ie: family member)

Signature: _____

Date:



NOTICE OF PUBLICATION

Effective August 22, 1999, all applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper**, designated by the County Clerk, **once a week for two successive weeks** as hereinafter provided.

- If the proposed premises are located in any county **other** than New York, Kings, Queens, or Bronx, the NOTICE shall be published in a daily **OR** weekly newspaper in the **county** where the premises are located.
- If the proposed premises are located in the counties of New York, Kings, Queens or Bronx, the NOTICE shall be published in one daily **AND** one weekly newspaper published in the county where the premises are located.

The NOTICE shall be printed in *English* in substantially the following form:

Notice is hereby given that a license, number *(fill in serial number)* for *(fill in beer, liquor and/or wine, as the case may be)* has been applied for by **the undersigned*** to sell *(fill in beer, liquor and/or wine, as the case may be)* at retail in a *(hotel, club, restaurant, vessel, railcar, or other type of establishment, as the case may be)* under the Alcoholic Beverage Control Law at *(fill in street address, city, town or village and county in which the premises are located)* for on premises consumption.

(*Applicant's name and Trade Name of business (DBA) must appear at the bottom of the advertisement)

The first publication shall be made within 10 days of the filing of the application. Applicant shall obtain two original copies of proof of publication. One original copy must be submitted to the Authority within **15 days** of receipt. The second original shall be retained by applicant. **Except for good cause shown, the Authority shall not issue the license unless proof of publication is submitted within such 15 day period.** The form of proof of publication shall be as follows:

STATE OF NEW YORK

COUNTY OF _____

_____ of _____ being duly sworn, says that (s)he is
 _____ of the publishers of the _____, a (daily) or
 (weekly) newspaper (printed and) published in the (city, town, or village and county)
 _____, and that the notice of which the annexed is a true copy, has been
 published in said newspaper for once a week for two successive weeks commencing on the _____ day of

Sworn to before me this _____ day of _____

