



OFFICE USE ONLY

☐

Original

☐

Amended

Date

LICENSE

 102

REQUEST TO CHANGE METHOD OF OPERATION FILING CHECKLIST

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate to the best of your ability. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

COMPLETE THE FOLLOWING SECTIONS AS LISTED BELOW AND ATTACH THE APPROPRIATE DOCUMENTATION THEN MAIL TO:

**New York State Liquor Authority
80 South Swan Street, Suite 900
Albany, NY 12210**

Do not use this form to change from a restaurant to a bar/nightclub/tavern or the reverse. Changes of this nature will require a new application to be filed.

All Applicants MUST submit the following:

- ☐ Currently if there are stipulations on your license set by the Community Board or Municipality, submit a copy of the stipulation agreement with this application.

All Applicants MUST submit the following Sections of the Retail License Application upon filing of the application:

(The sections listed below are attached to this application.)

- ☐ Licensee Information
- ☐ Method of Operation
- ☐ Applicant's Statement
- ☐ Notice of Appearance (if represented by someone other than the applicant)

****Other information, including Community Board or Municipality input, may be requested.**

YOU MUST OPERATE ACCORDING TO THE METHOD OF OPERATION ORIGINALLY APPROVED BY THE AUTHORITY UNTIL YOU RECEIVE WRITTEN PERMISSION FROM THE AUTHORITY APPROVING THE CHANGE TO THE METHOD OF OPERATION.

FAILURE TO CONFORM TO THE ORIGINALLY APPROVED METHOD OF OPERATION MAY RESULT IN DISCIPLINARY ACTION.

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REQUEST TO CHANGE METHOD OF OPERATION- Licensee Information

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. Licensee

License ID # of Licensee:

Name of Licensee:

Trade Name (DBA):

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):

2. CONTACT (if other than applicant)

Name of Contact: Attorney Q Representative Q Contact Person

Office Address:

City: State: Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

Explain the change to the approved Method of Operation currently on file. If you are applying to change the hours of operation for your premises, the current and proposed hours must be stated.

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PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

Outdoor Music (give details: e.g. Live, DJ, Recorded etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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7. Will security personnel be used at the premises? Yes No

7a. If YES, how many?

7b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

8. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

9. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

9a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:

<http://sla.ny.gov/provisions-for-county-closing-hours>



APPLICANT STATEMENT

I, [print name]

(the sole proprietor, partner, corporate principal or, LLC/LLP member)

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



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.

Agency: _____ **Date:** _____

Division/Bureau: _____

1. Name of individual appearing: _____

Business Address: _____

Business Telephone: _____

2. Client represented: _____

Business Address: _____

Business 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:** _____ **Fee** _____ **Salary**

Agency official (print name): _____

*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.

The State Liquor Authority requires all representatives to provide a valid email address. Failure to provide an email address could result in delays in processing times, as emails are the SLA’s primary means of communication with applicants and representatives.

Name of Representative:

Email Address of Representative: