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**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:**

- A cover letter explaining 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 in the letter.
- 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
- Establishment Questionnaire
- Method of Operation
- List of Forms Currently on File
- 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

Serial Number 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  Representative  Contact Person

Office Address:

City:  State:  Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

### ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.**

#### 1. Zoning

1a. State what the area is zoned for:

(ie. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?  YES  NO

#### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Has the building/premises been known by any other address?  YES  NO

If YES, please specify:

2c. Is there currently or has there ever been an active license to traffic in alcoholic beverages at this location?  YES  NO  Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?  YES  NO  Do Not Know

**Any pending disciplinary action may delay a determination on this application or result in the disapproval.**

2e. If the location has never been licensed, what was prior use?

2f. Is any other floor or area of the building currently licensed?  YES  NO

b. Name of Licensee:

License Serial Number:

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**3. Premises (Interior):**

3a. List the number of floors of the establishment including the basement:

3b. Where is the alcohol stored?

3c. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  YES  NO  
Show the means of access on the interior diagram(s).

3d. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc.  YES  NO

If YES, describe:

3e. How many public bathrooms? If less than two(2) public bathrooms you must request a waiver of the two(2) bathroom rule in writing. Show bathrooms on diagram.

3f. List the Maximum Occupancy of the premises:

3g. Number of tables?     
 3h. Number of seats at tables?     
 3i. Number of seats at bar or counter?

**4. BARS:**

4a. How many bars\* for customers are located on the premises? (\*A bar is where customers may order, purchase, or receive alcoholic beverages.)

4b. How many service bars\*? (Service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

<b>Bar 1</b>	<b>Bar 2</b>	<b>Bar 3</b>	<b>Bar 4</b>
Bar Type <input style="width: 100%; height: 20px;" type="text"/>	Bar Type <input style="width: 100%; height: 20px;" type="text"/>	Bar Type <input style="width: 100%; height: 20px;" type="text"/>	Bar Type <input style="width: 100%; height: 20px;" type="text"/>
Length <input style="width: 100%; height: 20px;" type="text"/>	Length <input style="width: 100%; height: 20px;" type="text"/>	Length <input style="width: 100%; height: 20px;" type="text"/>	Length <input style="width: 100%; height: 20px;" type="text"/>
Shape <input style="width: 100%; height: 20px;" type="text"/>	Shape <input style="width: 100%; height: 20px;" type="text"/>	Shape <input style="width: 100%; height: 20px;" type="text"/>	Shape <input style="width: 100%; height: 20px;" type="text"/>

Attach additional sheets if needed if there are more than 4 bars.

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**5. KITCHEN**

5a. Does premises have a kitchen?  YES  NO

If NO, does premises have a food preparation area?  YES  NO

**Show Kitchen or Food Preparation Area on the Interior Diagram.**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUMIT A MENU**

5b. Is a chef/cook employed at the premises?  YES  NO

If YES, list hours of day chef/cook will devote to the premises:

**6. HOTEL or BED & BREAKFAST**

6a. How many floors?

6b. How many rooms?

6c. For Hotels Only: Is there a restaurant in the building(s) housing the proposed hotel?  YES  NO

**7. OUTDOOR AREAS**

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages?  YES  NO

- Sidewalk Cafe     Deck                       Patio                       Porch                       Gazebo
- Rooftop                       Yard                       Balcony                       Pavilion                       Tent
- Other

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?  YES  NO

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing                       Wall                       Shrubbery                       Roping                       Stanchions
- Other

7e. Is a permit required by locality for outside area(s)?  YES  NO

If yes, submit a copy of the permit.

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**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 provided 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.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer Only                     
  Beer & Wine Only                     
  Beer, Wine & Liquor

1b. Select the type(s) of establishment you are applying for from the list below (based upon your intended method of operation):

- Restaurant                     
  Catering Establishment                     
  Club *(Not For Profit, Fraternal Organization - Members Only)*
- Bar/Tavern                     
  Arena / Ball Park / Stadium                     
  Sports Bar                     
  Country Club / Golf Course
- Cabaret                     
  Night Club / Dance Club                     
  Adult Entertainment                     
  Bed & Breakfast                     
  Hotel
- Other *(Explain)*

2. Will any other business of any kind be conducted in said premises?  YES  NO

*(If YES, provide details on a separate sheet)*

3. Will premises have music?  YES  NO

3a. If yes:  LIVE     RECORDED     DJ     JUKE BOX     KARAOKE

4. Will the premises permit dancing?  YES  NO

4a. If YES, and are located in NYC, do you have a Cabaret permit issued by the City of New York ?

- YES     NO     PENDING

If Yes, submit a copy of the permit. If Pending, a copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance?

- Patrons     Employees for entertainment     Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?

- YES     NO

4d. Will there be topless entertainment?

- YES     NO

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5. Will the business employ a manager?     YES     NO

5a. If Yes, list name(s) of manager(s):    
*(Manager(s) MUST complete a personal questionnaire and submit photo identification prior to employment)*

5b. If NO, will principal(s) manage?     YES     NO

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

6a. If answer is "0" provide explanation.

**NYS Law requires businesses to carry workers' compensation and disability insurance.**  
*(see instructions)*

If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

**Security personnel you hire may be required to be registered in accordance with NYS Security Guard Registration.**  
**Please contact the NYS Department of State to obtain information.**

7. Will there be security personnel?     YES     NO    7a. If YES, how many?

7b. If Yes, are they registered in accordance with New York State Security Guard Registration ?     YES     NO

If NO, explain: (ie. Not Required)

8. Provide a detailed plan of supervision for the premises to be licensed. Attach additional sheets if necessary.

**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**

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### List of Forms Currently on File

New Serial Number:

Applicant:

Premises:

The applicant hereby attests that the following required documents are currently on file with the New York State Liquor Authority and hereby requests to waive the filing with the instant application the following documents: (check particular items not filed with this application)

- 1) Personal Questionnaires, fingerprint cards and proof of citizenship
- 2) Photographs of the Interior and Exterior
- 3) Area Plans
- 4) Diagrams of the Premises
- 5) Lease or Deed
- 6) Proof of Financing
- 7) Certificate of Occupancy
- 8) Certificate of Authority
- 9) Worker's Compensation and Disability Insurance

The same forms, documents and papers filed with the New York State Liquor Authority in connection with the applicant's application for a \_\_\_\_\_ license filed on (date) \_\_\_\_\_ shall be deemed to be filed and considered in support of the instant application for a \_\_\_\_\_ license for the same premises; that the information and facts contained in said forms, documents and papers are the same as of this date and that there are no changes or additional information required to be divulged by the applicants as of this date.

The applicant further agrees that any statements, representations or answers to questions in said documents, papers and forms shall be deemed and made part of the original application and considered by the New York State Liquor Authority in acting upon this application and that any false statements, representations or answers made in said documents, papers and forms shall constitute the basis for disciplinary proceedings by the New York State Liquor Authority.

Dated: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_





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**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:**

**Email:**

**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.

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## APPLICANT'S STATEMENT

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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