

INSTRUCTIONS FOR CORPORATE CHANGE

**SUBMIT ONE ORIGINAL OF APPLICATION AND ALL ACCOMPANYING PAPERS
TO THE FOLLOWING ADDRESS:**

New York State Liquor Authority Licensing
Church Street Station
PO Box 3817
New York, NY 10008-3817

- 1) Certified check, bank check, money order, or personal check payable to the New York State Liquor Authority for the amount of \$128.
- 2) An Application for Corporate Change list all officers, directors, LLC Members, LLC Managers, stockholders etc. other than those retiring or leaving office. ***Club licensees*** must submit an application for Appointment of Alcoholic Beverage Control Officer.
- 3) A Personal Questionnaire must be submitted for each new person who is to be an officer and/or director, and/or stockholder and/or LLC Member as well as Proof of citizenship, Photo ID and a recent original color photo.
- 4) Agreement of Purchase & Sale if change in stockholdings and/or Corporate Minutes showing the appointment/change of any officer and/or director, and/or stockholder and/or LLC Member.
- 5) Statement of Finances (Form 180-021B) if change in stockholding. List assets pertaining to new investment and new Investors.
- 6) Proof of Finances as stated in form 180-021B.
- 7) Completed Applicant's Statement for each new principal.
- 8) Pursuant to Section 99-d, if the applicant is located within the city of New York and licensed pursuant to section 55, 55a, 64, 64a, 64c, 64d, 81 or 81a, an applicant shall notify the municipality or community board in which the premises is located of such applicant's intent to file an application for approval of a substantial corporate change.

'Substantial corporate change' means a change in eighty percent (80%) or more of the officers and/or directors, LLC managers/members, stockholders, or an existing stockholder or member obtaining a cumulative of eighty percent (80%) or more of the stock of a corporation or ownership interest in said company.

Such notification shall be on a standardized form from the Liquor Authority and be made by: certified mail, return receipt requested; overnight delivery service with proof of mailing; or personal service upon the offices of the clerk or community board ***not less than thirty days before filing*** any such application.

Each new principal is bound by the Method of Operation previously approved by the NYS Liquor Authority.

ALL APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY:

PERSONS REQUIRED TO BE FINGERPRINTED:

- All individual applicants.
- All partners in a Partnership and Limited Liability Partnership (LLP).
 - For Corporations and Limited Liability Companies (LLC).

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.

- **Each applicant required to be fingerprinted will be instructed to contact L-1 Enrollment Services after the successful submission of your applications.**
- **The fee for electronic fingerprinting is \$105.00 and will be paid directly to L-1 Enrollment Services when you are fingerprinted.**

**STATE OF NEW YORK
LIQUOR AUTHORITY**

**APPLICATION FOR APPROVAL
OF CORPORATE CHANGE**

This form is to be used by a corporate licensee to apply for permission to make a corporate change involving (1) change of officers or directors, LLC Members, etc. or, (2) where there are fewer than 10 stockholders, any change in stockholders or stockholdings, or (3) where there are 10 or more stockholders, any change involving 10% or more of the stock or any change in stockholdings which would increase the holdings of any one stockholder to 10% or more of the stock.

Each application must be accompanied by a CERTIFIED CHECK, BANK OFFICERS' CHECK, DRAFT, MONEY ORDER OR PERSONAL CHECK for the amount of **\$128**, payable to the order of the State Liquor Authority, provided in Section 99-d of the Alcoholic Beverage Control Law as follows:

Such change cannot become effective under the Alcoholic Beverage Control Law until permission has been granted by the State Liquor Authority. Therefore, it is recommended that any change be made conditional upon approval by the State Liquor Authority.

ALL QUESTIONS MUST BE ANSWERED IN BOXES BELOW. (If more space is needed, attach rider).

Any false answer or statements made by the applicant constitutes perjury and will subject any license issued hereunder to revocation.

The licensee named below hereby notifies the State Liquor Authority of a proposed change in its corporation, for which it requests the Authority's approval, and for which purpose it makes the following statements.

Full name of licensee		Trade name or other designation		License number
Street address of licensed premises			Post office address of premises (if different)	
City, town or village-Zip Code	County	City, town or village - Zip Code (if different)		Telephone Number

1. STOCKHOLDERS and STOCKHOLDINGS under the proposed change will be as follows: (Do not include retiring stockholders> If more than 10 stockholders, include only those who will hold 10% or more of the stock. Enter asterisk (*) to indicate changes.)

Change *	Name of Stockholder	Residence Address of Stockholder	Citizenship (Name of Country)	Shares of Stock	
				Common	Preferred

2. OFFICERS and DIRECTORS under the proposed change will be as follows: (Do not include retiring officers and directors. Enter an asterisk (*) to indicate changes.)

Change *	Names of Officers And Directors	Residence Addresses	Title (also specify if director)	Citizenship (Name of Country)	Age

3. (a) Is any officer, director or stockholder interested directly or indirectly in any premises or business where any alcoholic beverage is manufactured or sold at wholesale or retail by stock ownership, interlocking directors, mortgage or lien on any personal or real property or by other means including loans?	Yes or No	Name
	3. (a)	(b)
(b) If so, state name of each such person, address of the premises, nature of interest and date acquired.	Address	
	Nature of Interest	Date Acquired

4. (a) Has any of the new officers, directors or stockholders ever previously filed application for any license or permit under the Alcoholic Beverage Control Law of this state or country or of any other state or country, either as an Individual, co-partner or officer, or officer, director or stockholder of a corporation? (b) If so, state name in which application was filed, address of the premises, the date thereof and the disposition. Give license number if license or permit was issued. (c) Has such license or permit ever been revoked, cancelled, suspended or otherwise involuntarily terminated or has any other penalty been imposed in connection therewith at any time? (d) If so, state what action was taken, and date thereof.	Yes or No	
	Name of applicant	
	Address of premises (Street, City, Town or Village, State or County)	
	Date filed, Disposition, and License Number, if any	
	Yes or No	
5. (a) Has any of the new officers, directors or stockholders ever been CONVICTED (including pleas of guilty or suspended sentences) of of any felony or of any other crime or offense of any kind except traffic infractions? (b) If so, state date of conviction and crime or offense involved. In each case a CERTIFICATE OF DISPOSITION or a CERTIFICATE OF CONVICTION by the Court Clerk must be attached.	Yes or No	
	Crime or Offense	Date
	Name of person convicted	
6. (a) Are there any arrests, indictments or summonses (except for traffic infractions) PENDING against any of the new officers, directors or stockholders? (b) If so, state thereof, crime or offense involved and name of each defendant.	Yes or No	
	Crime or offense	Date
	Name of defendant	
7. (a) Is any officer, director or stockholder a police commissioner or other police official or subordinate of any police department, sheriff, deputy or under sheriff, or any other police officer? (b) If so, state name and title of such person.	Yes or No	
	Name and Title	
8. (a) State whether any person other than those mentioned has any interest, financial proprietary or other, direct or indirect, in the premises or in the business to be licensed, or has made any loan to the applicant for said business or has any lien or mortgage on the fixtures in the business or shares or will share, on a percentage basis or in any way, in the receipts, losses or deficiencies of the business, to any extent whatsoever other than by fixed salary. <i>(The interests relinquished by retiring officers, directors or stockholders need not be set forth in answer to this question. Any interests retained by them, however, should be reported).</i> (b) If so, set forth the names and addresses of such persons, the nature or percent or description of interest or share.	Yes or No	
	Name	
	Address	
	Nature of Interest	Date acquired
9. (a) Does licensee corporation now hold any license form the Liquor Authority for which the annual fee is \$500 or more? (b) State total number of licensed premises now operated by licensee in New York State. <i>(If more than one, attach list of such premises showing for each the license number, name, address and county.)</i> (c) Is any stock transfer contemplated?	Yes or No	Number of licensed premises
	Yes or No	
	Yes or No	

The licensee represents that there have been no changes other than those set forth herein, in any of the facts required to be set forth in the application for license, and agrees that any application filed by it or by any of its officers, members, directors or stockholders, for any license or permit under the Alcoholic Beverage Control Law, and the occupation record submitted herewith, shall be deemed and made a part hereof and considered by the Authority in acting upon this Request for Approval of Corporate Change.

_____ certifies that he is _____
(TITLE)
of the above named licensee; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge that he has been authorized by order of the Board of Directors of said licensee to make the statements and answers therein in behalf of said licensee with the same force and effort as if said licensee made such statements and answers itself.

Dated _____

(Signature of Currently Authorized Officer)

_____ certifies that he is to be _____
(TITLE)
of the above named licensee; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge.

Dated _____

(Signature of a Proposed Authorized Officer)

**STATEMENT OF FINANCES
FOR STOCK CORPORATE CHANGE**

State the total amount of money you are investing in the Purchase of the Stock.

TOTAL DOLLAR AMOUNT FOR STOCK PURCHASE: \$ _____

MISCELLEANOUS EXPENSES: \$ _____

TOTAL INVESTMENT: \$ _____

BREAKDOWN OF TOTAL FOR PURCHASE OF STOCK

Total Cash:	\$ _____
Total Deferred:	\$ _____

Explain Cash: _____

Explain Deferred: _____

REAL PROPERTY PURCHASE IF APPLICABLE

Total Cash:	\$ _____
Total Deferred:	\$ _____

Explain Cash: _____

Explain Deferred: _____

NOTE: For the purpose of this form, CASH is defined as money that you have in your possession, you don't have to pay back, and is verifiable (example: stocks, bonds, CD's, savings accounts, etc.).

For the purpose of this form, DEFERRED is defined as money that you have to pay back at some point in time (example: loan, mortgage, line of credit, credit card, note, etc.).

1. Set forth the source of funds for this investment (accounts, loans, gifts, asset sales, etc.) and enter account numbers. (Provide documentation)
2. Set forth all repayment terms for any deferred monies. (Provide documentation)
3. Lease agreement if required.

STATE OF NEW YORK
 EXECUTIVE DEPARTMENT
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 STATE LIQUOR AUTHORITY



Standardized NOTICE FORM for Providing a
 30-Day Advance Notice to a Local Municipality or Community Board
 in connection with the submission to the State Liquor Authority of a (check one)
New Application **Renewal Application**
Alteration Application **Corporate Change**
 for an On-Premises Alcoholic Beverage License

1. Date the original copy of this Notice was mailed to the Local Municipality or Community Board:	Month	Month	Day	Day	Year	Year								
THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD														
2. Name of the Local Municipality or Community Board:														
FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S) FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION														
3. Type(s) of alcohol sold or to be sold under the license ("X" one):			<input type="checkbox"/> Beer Only		<input type="checkbox"/> Wine and Beer Only									
			<input type="checkbox"/> Liquor, Wine, and Beer											
4. Extent of food service: ("X" one)		<input type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)		<input type="checkbox"/> Tavern / Cocktail Lounge / Adult Venue / Bar (Alcohol sales primarily – meets legal minimum food availability requirements)										
5. Type of establishment:		<input type="checkbox"/> Hotel		<input type="checkbox"/> Live Music		<input type="checkbox"/> Disk Jockey								
		<input type="checkbox"/> Juke Box		<input type="checkbox"/> Patron Dancing (Small Scale)		<input type="checkbox"/> Cabaret, Night Club, Discotheque (Large Scale Dance Club)								
		<input type="checkbox"/> Capacity for 600 or more patrons												
("X" all that apply)		<input type="checkbox"/> Club (e.g. Golf / Fraternal Org.)		<input type="checkbox"/> Bed & Breakfast		<input type="checkbox"/> Catering Facility								
		<input type="checkbox"/> Karaoke Bar		<input type="checkbox"/> Stage Shows		<input type="checkbox"/> Topless Entertainment								
		<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)												
6. Licensed outdoor area:		<input type="checkbox"/> None		<input type="checkbox"/> Rooftop		<input type="checkbox"/> Patio or Deck								
		<input type="checkbox"/> Freestanding Covered Structure		<input type="checkbox"/> Garden / Grounds		<input type="checkbox"/> Sidewalk Cafe								
		<input type="checkbox"/> Other (Specify):												
7. Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one):						<input type="checkbox"/> YES	<input type="checkbox"/> NO							
8. License serial number:			9. Expiration Date:				Month	Month	Day	Day	Year	Year		
10. The applicant's or license holder's full name, as it appears or will appear on the license:														
11. The trade name, if any, under which the establishment conducts or will conduct business:														
12. The establishment is located within the building which has the following street address:														
13. City, Town, or Village:			NY				Zip Code:							
14. The establishment is located on the following floor(s) of the building at the above address:														
15. Within the building at the above address, the establishment is located within the room(s) numbered as follows:														
16. Business telephone number of applicant/licensee:														
17. Business fax number of applicant/licensee:														
18. Business e-mail address of applicant/licensee:														
19. Does the applicant or license holder own the building in which the establishment is located? ("X" one)			Yes <input type="checkbox"/>				If "YES", SKIP items No. 20-23. Complete the 3 entries at Item No. 24.				No <input type="checkbox"/>		If "NO", ANSWER items No. 20-23, and complete the 3 entries at Item No. 24.	
OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED														
20. Building owner's full name is:														
21. Building owner's street address:														
22. City, Town, or Village:							State	Zip Code:						
23. Business telephone number of building owner:														
24. I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.														
By my signature, I affirm – under Penalty of Perjury – that the representations made in this form are true.														
Printed Name			Title				Signature							
							X							