



STATE OF NEW YORK  
EXECUTIVE DEPARTMENT  
DIVISION OF ALCOHOL BEVERAGE CONTROL

ENFORCEMENT OFFICES

Albany 518-474-0385  
Buffalo 716-847-3039  
New York City 212-961-8376

**POLICE REFERRAL FORM**

**IN ORDER FOR THE STATE LIQUOR AUTHORITY TO PROPERLY EVALUATE AND DETERMINE THE APPROPRIATE COURSE OF ACTION ON THIS REFERRAL IT IS NECESSARY THAT THE REPORTING OFFICER/AGENCY SUBMIT COPIES OF ALL ARREST REPORT/S; INCIDENT REPORTS; SUPPLEMENTAL REPORTS; WRITTEN STATEMENTS AND AFFIDAVITS; VERBAL ADMISSION FORMS; DRUG BUY SHEETS; LAB/FIELD TEST REPORTS; NAMES ADDRESSES AND PHONE NUMBERS OF WITNESSES; AND ANY OTHER PERTINENT DOCUMENT/S OR INFORMATION WITH THE REFERRAL**

TO: DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
ATTN: COUNSEL'S OFFICE  
80 SOUTH SWAN, SUITE 900  
ALBANY, NY 12210

Date: \_\_\_\_\_

Information from License Certificate	
License Serial# (Upper left corner)	
Name of Licensee	DBA (Trade Name)
Address of Premises	Certificate # (Lower Right corner)
Date and Time of Violation	Name of Person in Charge and Title (Licensee, Manager, Bartender, Etc)

Status of Investigation: <input type="checkbox"/> Open <input type="checkbox"/> Closed	Supporting Documents Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department:	Officers directly involved:
Address:	
City, Town or Village	Phone # <span style="float: right;">Fax #</span>