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

Standardized **ALTERATION APPLICATION 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 the
Application for Permission to Make Alterations for the Establishment Identified in this Notice

1.	Date the Original copy of this Notice was Mailed to the Local Municipality or Community Board:	2 0

THIS 30-DAY ADVANCE NOTICE IS BEING MAILED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD:

2.	Name of the Local Municipality or Community Board:			
3.	Street Address of Local Municipality or Community Board:			
4.	City, Town or Village:		NY	Zip Code:
5.	Telephone Number of Clerk of Local Municipality or Community Board:	-	-	

APPLICANT INFORMATION

6.	Applicant's Full Name as it Appears on the License Certificate:			License Serial No.
7.	Street Address of Premises	City, Town or Village-Zip Code	County	Telephone No.
8.	Type(s) of Alcohol Currently Sold under the License: ("X" one)	☐ Beer Only	☐ Wine and Beer Only	☐ Liquor, Wine and Beer

PROPOSED CHANGES/ALTERATIONS

9.	**Check One** ☐ Substantial Alteration: Any enlargement or contraction of a licensed premises. Any physical changes to the exterior, that involves the creation or relocation of any window or door, and any interior changes of physical structure. Any change in size or location of bar, or dining and kitchen facilities. or ☐ Minor Alteration: One costing and valued at less than ten thousand dollars, which does not affect the material character or physical structure that existed at the time of licensing.
10.	Where will the Alteration be confined to? ☐ Interior ☐ Exterior ☐ Interior and Exterior — If interior, will the Occupancy change? Yes or No
11.	If Exterior, do you plan on utilizing outdoor areas? **Yes or No** — If Yes, which outdoor area? **Check One** ☐ Rooftop ☐ Patio or Deck ☐ Freestanding Covered Structure ☐ Garden/Grounds ☐ Other
12.	Is a Building Permit required for this type of Alteration? **Yes or No** — If so, has permit been applied for? **Yes or No**
13.	Will any entrance or exit of premises as altered be within 200' of the entrance to a school, church or synagogue or other place of worship? **Yes or No** — Will there be a change of address upon completion of Alterations? **Yes or No**
14.	Are there any known limitations by the County or Municipality for this type of Alteration? **Yes or No** — Is so, what are they?

ATTORNEY OR REPRESENTATIVE REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S ALTERATION APPLICATION FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE

15.	Attorney's Full Name is:		
16.	Attorney's Street Address:	City, Town or Village:	Business Telephone Number:

I am the Person who holds the license or I am a Principal of the Legal Entity that will hold the License.
Representations in this form are in full conformity with representations made in documents that have been submitted (or documents that will be submitted) to the State Liquor Authority and relied upon by the Authority.
I understand that representations made in this form will also be relied upon by the Authority and that false representations in any document submitted to the Authority may result in revocation of any license that may be issued.
By my signature, I affirm-under **Penalty of Perjury**-that the representations made in this form are true.

Printed Name	Title	Signature