

# **ALCOHOL FREE TEEN EVENTS**

On-premises licensees planning alcohol free teen events are required by law to notify the State Liquor Authority (SLA) in writing 10 days prior to holding such activity at their establishment. The Authority has promulgated a notification form which can be downloaded from this site for submission to the appropriate SLA Zone Office by either fax or mail. It is not necessary that you use this form, but your written notification must contain all the required information. The following are the addresses and fax numbers for the SLA Office in your zone. To locate your county area, go to Licensing Information and click on "Where Do I File?"

**ZONE I – NEW YORK CITY**  
New York State Liquor Authority  
317 Lenox Avenue  
New York, New York 10027  
Attn: Enforcement Bureau  
Fax: (212) 961-8381

**ZONE II – ALBANY/SYRACUSE DISTRICT**  
New York State Liquor Authority  
80 S. Swan St., Suite 900  
Albany, New York 12210  
Attn: Enforcement Bureau  
Fax: (518) 473-7527

**ZONE III- BUFFALO**  
New York State Liquor Authority  
535 Washington St., Suite 303  
Buffalo, New York 14203  
Attn: Enforcement Bureau  
Fax: (716) 847-5020

***Remember:*** During the teen event(s), no alcoholic beverages shall be sold, served, given away or consumed by any persons at the establishment. If you decide to cancel the teen event after the written notification was submitted, you must contact both the police and the SLA as soon as possible prior to that date.

# TEEN NIGHT NOTIFICATION

**Notice must be filed in writing at least 10 days prior to event(s)**

As required by Section 260.21.1.(d), I hereby notify the New York State Liquor Authority of the closing of my establishment to the public for a specified period of time to conduct an activity or entertainment, during which a child (less than 16 years of age) is in or remains in my establishment and no alcoholic beverages are sold, delivered, given away or consumed at my establishment during such period.

Premises License Number \_\_\_\_\_ County \_\_\_\_\_

Premises Name: \_\_\_\_\_  
Dba: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

	Type of Event	Date	Start Time / Ending Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

On \_\_\_\_\_ (date), I submitted a completed copy of this notice to the \_\_\_\_\_ (name of police department) in my locality.

**I will contact the above police department and the New York State Liquor Authority in advance of any changes (10 days prior) or cancellations to the above scheduled events.**

Print Name \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_