STATE OF NEW YORK – LIQUOR AUTHORITY

ATTN: Refund Unit

80 South Swan Street, Suite 900 Albany, NY 12210-8002

Beverag	censee desires to surrender a license or permit voluntarily for cancellatio ge Control Law, fill in and sign the following petition and send to the Sta	ate Liquor Authority address listed above., together with the l			
statemer	nts may subject the licensee or permittee to disciplinary proceedings and No refund is payable unless this form is completed and the Federal	l void any request for refund.	-		-
тоти		R SURRENDER OF LICENSE			
The un	E STATE LIQUOR AUTHORITY: dersigned individual partnership corporation (CHECK ge Control Law, to accept voluntary surrender of license (permit	t) certificate number which wa	as issued t	on 127 o co	f the Alcoholic
	ge Control Law, to accept voluntary surrender of license (permit and in support of and in support of and in support of	of this petition makes the following statements and ans	wers: YES	or	NO
1.					
2.	Has any person other than reported in Question 1 above been arrested or indicted or served with a summons for any crime or offense committed on the licensed premises or which involved the licensed business (except violations of the Administrative Code) in the past 12 months?				
	(If answer to either 1 or 2 above is "Yes", attach an affidavit setting i disposition of the case.)	forth in each case the date thereof, crime or offense involved,	the name o	f the defe	endant and
3.	The undersigned petitioner further states that the said licensee will, upon the surrender of said license, cease to traffic in alcoholic beverages during the term for which said license was issued and thereafter until a new license shall be issued to said licensee.				
WHERI	EFORE, the undersigned petitioner asks that said license be cancelled an	ad a refund made as provided in Section 127 of the Alcoholic	Beverage C	Control La	aw.
Individ	ual and/or Partnerships complete both Sections (A)	Corporations complete both Sections (B)			
	lividual licensee and each member of a partnership sign here and sign iate certification below.	(B) If a Corporation, sign here and sign appropriate	e certificati	on below	7.
Dated _		Dated			
		Name of Corporation:			
		By:			
(A)	CERTIFICATION TO BE SIGNED AND DATI	ED BY <u>INDIVIDUAL AND EACH MEMBER OF PARTN</u>	ERSHIP		
	lersigned each for himself/herself certifies that he/she is the holder of the statements contained therein, and the same are true of his/her own know		at he/she k	nows the	contents thereof
Dated _					
	(Signature) of person(s) signing petition)	(Present residence address)			
	of				
	of				
	of				
(B)	CERTIFICATION TO BE S	SIGNED AND DATED BY A <u>CORPORATION</u>			
	certifies	that he/she is(Title)			
of the his/her r his/her c	(Name) Corporation name thereto by order of the Board of Directors of said Corporation; that own knowledge.	which is holder of this license and which made and executed	this petitio	n; that he	she signed same are true of
Dated _					
		of(Present residence address)			
	(Signature of officer signing petition)				
Date of	Surrender F	EIN No			_
License	Serial No.				
Please s	pecify the address where the refund, if any, is to be mailed :				
SLA Fo	rm 225-008 (01/28/2011)				