

Applicant Information
Business Information

Individual/Organization:	Individual	Corporate Structure:	Individual
Do you have or intend to have employees? :			
First Name:	edgar	Middle Name:	
Last Name:	sandoval	Suffix:	
SSN:		Legal Name:	edgar sandoval

Address

Address Line 1/POB #:	1629 Hillside CT	Address Line 2:	
City:	New Hyde Park	Zip/Postal Code:	11040 1104
State/Province:	NY	County:	New York
Country/Region:	US		
Email:	gu_acs@hotmail.com	Confirm Email:	gu_acs@hotmail.com
Business Website:			

Premises Information

DBA:		License / Permit ID:	
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Address

Address Line 1/POB #:	1629 Hillside CT	Address Line 2:	
City:	New Hyde Park	Zip/Postal Code:	11040 1104
State/Province:	NY	County:	New York
Country/Region:	US		

Applicant Information

Master File ID:		Concurrent Expiration Date:	
Certificate of Authority to Collect NYS Sales Tax:		Date of Issuance:	

Amendment-Class Change

Have you made any physical changes to the licensed premises to accommodate the requested license change?	
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Principal
Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	isaac	Middle Name:	
Last Name:	rubio	Suffix:	
SSN:	***-**-1111	Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:		Address Line 2:	
City:		Zip/Postal Code:	
State/Province:	New York	County:	
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:			
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:		Number of Shares:	0
Signature:	No	Date:	

Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	stick	Middle Name:	
Last Name:	spain	Suffix:	
SSN:		Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:		Address Line 2:	
City:		Zip/Postal Code:	
State/Province:	New York	County:	
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:	100		
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:	Vice President	Number of Shares:	0
Signature:	No	Date:	

Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	Isaac Esau Rubio	Middle Name:	
Last Name:	Torres Rubio	Suffix:	
SSN:		Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:	15 HYACINTH DR	Address Line 2:	APT 3L
City:	Fords	Zip/Postal Code:	08863 0886
State/Province:	New Jersey	County:	NJ
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:			
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:		Number of Shares:	
Signature:	No	Date:	

Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	Isaac Esau	Middle Name:	Rubio
Last Name:	Torres	Suffix:	
SSN:		Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:	1629 hillside Court, New Hyde Park, NY, 11040	Address Line 2:	House
City:	New York	Zip/Postal Code:	11040 1104
State/Province:	New York	County:	New York
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:			
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:		Number of Shares:	
Signature:	No	Date:	

Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	Shankar	Middle Name:	
Last Name:	Kumar	Suffix:	V
SSN:		Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:	1629 Hillside Ct	Address Line 2:	
City:	New Hyde Park	Zip/Postal Code:	11040 1104
State/Province:	New York	County:	New York
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:			
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:		Number of Shares:	0
Signature:	No	Date:	

Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	Isaac Esau Rubio	Middle Name:	
Last Name:	Torres Rubio	Suffix:	
SSN:		Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:	1 Executive Dr	Address Line 2:	SUITE #406
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City:	Buffalo	Zip/Postal Code:	11040 1104
State/Province:	New York	County:	New York
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:			
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:		Number of Shares:	
Signature:	No	Date:	

Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	Andrew	Middle Name:	M.i.
Last Name:	Test	Suffix:	
SSN:		Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:	1156 Stonytown Rd	Address Line 2:	Marriott Residence In
City:	Albany	Zip/Postal Code:	12231 1223
State/Province:	Alabama	County:	Alabama
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:			
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:		Number of Shares:	
Signature:	No	Date:	

Person

Are the individuals/Partners associated with an Entity?:	No	Entity:	
First Name:	Shankar	Middle Name:	
Last Name:	Kumar	Suffix:	V
SSN:		Birth Date:	
Convicted of Crime:			

Address

Address Line 1/POB #:	1629 Hillside Ct	Address Line 2:	
City:	New Hyde Park	Zip/Postal Code:	11040 1104
State/Province:	New York	County:	New York
Country/Region:	United States (US)		
Email:		Confirm Email:	
Percentage of Owners:			
Fingerprints Required:	No	Fingerprints Approved:	No
Principal Title:		Number of Shares:	
Signature:	No	Date:	

Representative

Contact Type:			
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Person

First Name:		Middle Name:	
Last Name:			
Attorney NYS Registration Number:			

Phone Details
Email

Other Description:		Subject of Appearance:	
Are you being compensated:		Compensation Type:	

Application Details

Under the Laws of what State was applicant organized:	
Date of Organization:	

Phone

Phone Number Type:	Home
Contact Phone Number:	123-123-1332
Extension:	1
Country Code:	2

Air Carrier Certificate Number:	
Date of Issuance:	
How many aircraft will have regularly scheduled flights in NY:	
Will alcoholic beverages be stored on a premises other than on the aircraft:	
If yes provide the warehouse permit number or submit a warehouse permit application:	

Residential Address

Address Line 1/POB #:		Address Line 2:	
City:		Zip/Postal Code:	
State/Province:	New York	County:	
Country/Region:	United States (US)		

Applicant Statement

First Name:	
Middle Name:	
Last Name:	
Title:	
Signature:	
Date:	

Bond

Enter Bond Number:	
Enter Bond Amount:	
Bond Expiration Date:	
Bond Company:	

Address Line 1/POB #:		Address Line 2:	
City:		Zip/Postal Code:	
State/Province:		County:	
Country/Region:			

Phone Number:	
Email:	

Fees Information

#	License Name	License Fee	Filing Fee	Ancillary Fee	Late Fee	Total Fee/Amount	Amount Received	Bond Received	Comments
1	Aircraft - Beer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No	test
					Grand Total:	\$0.00	\$0.00		

Bond Information

#	Bond No.	Bond Company Name	Bond Amount	Bond Expiration Date (YYYY)
1			\$1,000.00	

Address Line 1/POB #:		Address Line 2:	
City:		State/Province:	
Zip/Postal Code:			
Phone Number:		Email:	

Documents Attached

#	Document Description	Document Type	Uploaded Date	Uploaded By	Received Date
No record found					