



Empire Merchants North
PO Box 10
Coxsackie, NY 12051

P (518) 731-5200
P (800) 724-3960
F (518) 731-5300

ALSO OWNS FORM

LICENSE NAME: _____

I, _____ do hereby solemnly swear (or affirm) that I am the
_____ (Office, Owner, President, Etc.)

Located at _____ in the city of _____ New York.

I further declare that I am also an owner/officer of the following establishments which hold valid
New York State on-premise liquor licenses:

	LICENSE NAME	ADDRESS	CUSTOMER NUMBER
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____