

Village of Amityville
21 Ireland Place, Amityville, NY 11701 Phone (631) 264-6000 Fax: (631) 598-0363

Application for: CABARET LICENSE

(In accordance with Section 132 of the Village Code)

Capacity in persons: _____
Copies to Board on : _____
Schedule for: _____

Fees: Capacity 1 – 100	\$350.00
101 – 300	\$650.00
301 – 600	\$900.00
Over 600	\$1500.00

Fee: _____
Receipt No.: _____
Date paid: _____

Effective from February 1st to January 31st
Fee if License Denied \$75.00

*** Applicant must attach copy of Driver's License or other photo ID to application ***

Applicant _____ Telephone _____ Date of Birth _____

APPLICATION FOR PUBLIC ASSEMBLY LICENSE FOR CABARET, THEATRE, DANCE HALL ESTABLISHMENT, AND ALL PLACES OF PUBLIC ASSEMBLY:

_____ hereby applies for a _____ license, to operate at _____, Amityville, New York to operate under said establishment doing business as _____ and makes the following statements in furtherance of such application:

If applicant is a partnership:
(Furnish for each applicant)

<u>Full Name</u>	<u>Date of Birth</u>	<u>Residence Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If applicant is a Corporation:

<u>Full Name</u>	<u>State/Date of Incorporation*</u>	<u>Principal Place of Business</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If a foreign corporation, has a certificate of authority to do business in this State been obtained? Yes ___ No ___
If yes, state certification date _____ Registration No. _____

Prepare following schedule for all Officers, Directors, and any Stockholders:

<u>Full Name and Title</u>	<u>Date of Birth</u>	<u>Residence Address</u>	<u>% Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State the name and address of each person, firm or corporation entitled to a share of the income or profits of, or who has an interest in the business to be licensed. If none, so state.

<u>Full Name</u>	<u>Address</u>	<u>Details of Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Date and place of filing of Certificate of Trade Name: _____

State name, address and nature with respect to each concessionaire, if applicable:

<u>Name</u>	<u>Address</u>	<u>Nature and Type of Concession</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has Applicant, Partner, Officer, Director, or Stockholder ever been convicted of a crime, misdemeanor or violation of any local law or ordinance, other than parking violations: Yes _____ No _____. If yes, list date of conviction and crime or offense involved:

Applicant is Owner: ___ Tenant: ___ Contract Vendee: ___ of location of operation.

If Applicant is other than Owner, indicate Owner's name and address.

Name: _____ Address _____ Phone: _____

If Tenant, is lease Written or Oral: _____ Date of Lease: _____ Expiration of Lease: _____

Does Applicant intend to have outdoor entertainment Yes ___ No ___ If yes, provide details such as type of Entertainment, where outside entertainment will be held and include capacity of persons, and indicate days of week and times that outside entertainment will operate _____

Does Applicant have coin operated amusement device(s) on the premises? Yes _____ No _____. If yes, a coin operated amusement device license is required in accordance with §107-22 of the Village Code.

LICENSE INFORMATION

Is any public assembly license now in effect for this premise or part thereof? Yes _____ No _____

If Yes, state name and license number. _____

Has this license ever been suspended or revoked? Yes _____ No _____. If yes, give dates. _____

Has Applicant had any licenses suspended or revoked? Yes _____ No _____. If yes, give details. _____

Is any license under the Alcohol Beverage Control Law now in effect in the name of the Applicant? Yes: ___ No: ___

If yes, date the license was granted: _____ License Number: _____

Is an application for a license under the Alcohol Beverage Control law now pending in the name of the applicant? Yes:

___ No: ___ If so, give date of application: _____.

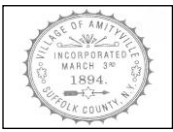
Are other licenses or permits required for operation? If so by whom _____

If so, list licenses so far obtained: _____

Is business (for which application is sought) currently operating. Yes _____ No _____

If yes, Date of Commencement _____ Has a Certificate of Occupancy been issued for the building? Yes _____

No _____



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****If Applicant does not reside in the Village of Amityville, please complete the following:**

I hereby designate _____ at _____
(Name of Natural Person) (residence or place of business located within the Village)
as agent to accept service of any notices or summonses on behalf of Applicant.

The applicant hereby agrees that all other papers filed in support of this application by any person having any interest, direct or indirect, either in the premises or in the businesses to be licensed, for any license or permit, shall be deemed and made a part hereof and considered by the Board of Trustees of the Village of Amityville in acting upon this application.

I further agreed to report to the Village Clerk any change of fact within ten (10) days of change.

State of New York)

SS:

If Individual

County of Suffolk)

I, _____ being duly sworn, deposes and says that deponent is the applicant above named and that deponent has read the foregoing application and knows the contents thereof and that the same is true to deponent's own personal knowledge.

Signature _____

Print Name _____

Sworn to before me this ____ day of _____,

Notary Public

State of New York)

SS:

If Partnership

County of Suffolk)

I, _____ being duly sworn, deposes and says that deponent is the _____ of _____, the Partnership named in the above application and that deponent has read the foregoing application and knows the contents thereof and that the same is true to deponent's own personal knowledge.

Signature _____

Print Name _____

Sworn to before me this ____ day of _____,

Notary Public



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State of New York)

SS: **If Corporation**

County of Suffolk)

On the ____ day of _____ in the year _____ before me personally came _____ to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in

_____ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they is (are) the (president or other officer or director or attorney in fact duly appointed) of the (name of corporation), the corporation described in and which executed the above instrument; that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

Corporate Seal

Signature of person taking Acknowledgement

Print Name

Notary seal, stamp or office

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FOR VILLAGE USE ONLY

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Based on inspection of the premises on _____, by Building Inspector, the following action is recommended:
_____ approve _____ disapprove _____ approve with the following stipulations: _____

Comments - Chief of Police _____

At the Board of Trustees meeting held on _____, the application was:
approved disapproved approved with the following stipulations : _____

License number issued: _____ on _____.

Capacity Sign Erected: Maximum Capacity _____ Persons.