

RESTAURANT ANCILLARY ENTERTAINMENT LICENSE APPLICATION

Applicant's Full Legal Name _____

State whether you are (check one):

___ An individual (**Complete sections A and D**)

___ A partnership (**Complete sections B and D**)

___ A corporation or limited liability company (**Complete sections C and D**)

SECTION A.

1) State your full legal name: _____

2) State any other names you have used in the past 5 years:

3) Current Business/Mailing Address: _____

4) Are you over 18 years of Age? Yes ___ No ___

*Attach written proof of age (current driver's license **or** a copy of your birth certificate accompanied by government issued picture identification)

SECTION B.

1) State full name of partnership: _____

2) Identify all persons with an influential interest (see Code 250-2 for definition), including all names/aliases used by them in the last five years. _____

3) Business/mailling addresses of persons identified above in B2:

For each person listed in B2 above, attach written proof of age (current driver's license **or** a copy of birth certificate accompanied with current government issued photo identification)

**IF ADDITIONAL SPACE IS NEEDED, CHECK HERE ___ AND RESPOND FURTHER ON A SEPARATE SHEET*

SECTION C.

1) State full name of corporation/LLC: _____

2) Business address: _____

3) Identify all persons with an influential interest (See Code 250-2 for definition), including all names/aliases used by them in the last five years. _____

*For each person identified in C3 above, attach written proof of age (current driver's license **or** a copy of birth certificate accompanied with current government issued photo identification)

4) Business/mailling address(es) of persons identified in C3 above

***IF ADDITIONAL SPACE IS NEEDED, CHECK HERE ___ AND RESPOND FURTHER ON A SEPARATE SHEET**

SECTION D.

1) Please state the doing business as name of the restaurant: _____

2) Please state the name and business address of the statutory agent or other agent authorized to receive service of process for the operator of the restaurant:

Name: _____

Address: _____

3) Has any person identified in response to section A, B, or C been convicted of or pled guilty or nolo contendere to a specified criminal activity? (See code 250-2 for definition of "specified criminal activity"?)

Yes ___ No ___

If Yes, then for each such conviction, guilty plea, or nolo contendere, state:

a) The person and the offence: _____

b) Court in which charged: _____

c) Date of the conviction or plea: _____

d) The place of conviction or plea: _____

e) Date of release from confinement: _____

***IF ADDITIONAL SPACE IS NEEDED, CHECK HERE ___ AND RESPOND FURTHER ON A SEPARATE SHEET**

4) Restaurant location and information:

Restaurant name: _____

Restaurant street address: _____

Restaurant Mailing Address (if different): _____

Restaurant Phone Number: _____

Legal description of restaurant property: _____

You must attach a sketch or diagram showing the configuration of the restaurant premises, including a statement of the total floor area occupied by the restaurant, a statement of the total floor area devoted to food preparation, and a statement of the total floor area devoted to ancillary entertainment. The sketch or diagram need not be professionally prepared but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches. (See Code 250-3.C(7). For detailed requirements)

5) You must attach a copy of the valid permit to operate a food service establishment at the restaurant, issued by the Westchester County Department of Health. Is this attached?

Yes ___ No ___

6) You must attach a copy of the current certificate of occupancy to operate the restaurant. Is this attached?

Yes ___ No ___

7) Please indicate the type of license you are seeking (Check One):

___ Annual License (see code 250-4.A) (fee \$530)

___ Occasional License (see code 250-4.A) (fee \$160)

8) Is the required fee attached?

Yes ___ No ___ (see D7)

9) Certification

By signing the following, I/we agree and certify:

A. To supplement the information contained in this application, in writing to the Village Clerk within ten (10) working days of any change in circumstances that renders the information false or incomplete.

B. That the information contained herein is true, complete, and correct.

This application must be signed by each individual identified in response to sections A, B and C, and each of those signatures must be notarized.

Signed:

Notary:

Signed:

Notary:

Date:

Commission Expires:

Date:

Commission Expires:

Signed:
Notary:
Signed:
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