



RECEIPT # _____
AMT RECEIVED: \$ _____
PERMIT # _____
FEE: \$200

**TOWN OF OSSINING
CABARET LICENSE APPLICATION
2017**

1. Name & Address of applicant: _____

2. State whether applicant is an individual, partnership, corporation or other business entity: _____
 - a. If a partnership, attach copy of Articles of Partnership
 - b. If a Corporation, the year and state of incorporation
 - c. If not incorporated in New York, attach copy of Certificate of Authority to conduct business in New York.
 - d. If doing business under an assumed name, attach copy of Assumed Name Certificate filed with the Secretary of State.
3. If a partnership state names and addresses of partners:

4. If a corporation or other business entity, state names and addresses of all shareholders and officers: _____

5. Names/Addresses/Phone Numbers of two (2) person with authority to represent the applicant who may be called in case of emergency: _____

6. State whether any person named in items 1-5 has been convicted of a misdemeanor or felony or any violation of the NYS Alcoholic Beverage Control Law within the last five (5) years. If so, give details, including specific charge; date of conviction; location and name of court; and sentence imposed: _____

7. State the street address of the proposed cabaret:_____

8. Describe the nature of business enterprise for which a Cabaret License is sought, Including whether food (lunch or dinner) and alcohol is served and normal hours of operation:

9. Describe specific type of entertainment or exhibitions for which a cabaret license is sought, including the maximum number of performers and/or musical instruments or other sound making devices intended to be used _____

10. State intended days and hours of Cabaret operation_____

11. Attach a Certificate of Occupancy for the premises.

12. If premises are owned by applicant, attach copy of deed. If premises are leased, attach copy of lease. If premises are leased, is activity for which a cabaret license is sought permitted by your lease? Yes_____No_____

13. Attach copy of NYS liquor license. (Note Name on Liquor License & name of applicant must be the same)

14. Attach copies of any existing site plans, Planning or Zoning Board approvals including any conditions imposed and/or variances granted.

15. Attach a floor plan drawn to scale depicting the existing layout of the premises and a floor plan showing the proposed layout, which should include any stage, dance area, lighting, entrances and exits.

I hereby certify, under penalties of perjury, that the information provided in this application and the attachments thereto, are true and correct to the best of my knowledge. I further understand that the making of a material false statement in this application shall constitute grounds for the revocation of any license granted hereunder.

Date: _____ **Applicant & Title** _____

For Building Department:

- 1. Do the premises, which is the subject of this application for a Cabaret License, comply with the requirements of the:**
 - a. Building Code: Yes: _____ No: _____**
 - b. Zoning Code: Yes: _____ No: _____**
 - c. County Health & Sanitation Codes: Yes: _____ No: _____**
- 2. Are the activities described in paragraphs 10 and 11 hereof permitted in the Building Zone in which the premises is located: Yes: _____ No: _____**
- 3. State of maximum permitted occupancy allowed in accordance with the proposed floor plan: Yes: _____ No: _____**
- 4. State of maximum permitted occupancy allowed in accordance with the proposed floor plan: _____**

Date: _____
_____ **Reviewing Officer**

For Police Department:

- 1. Have any complaints been made against the applicant and/or the business premises which is the subject of this application within the last 3 years:**
Yes _____ No _____ If yes, attach copies of same.
- 2. Have there been any calls to the Police Department for assistance of police action at the business premises within the last 3 years: Yes _____ No _____**
If yes, attach listing of all such calls, together with copies of any reports

Date: _____
_____ **Reviewing Officer**

