



VILLAGE/TOWN OF MOUNT KISCO

WESTCHESTER COUNTY, NEW YORK

104 Main Street

Mount Kisco, New York 10549

Telephone
(914) 241-0500

APPLICATION FOR A LICENSE TO OPERATE A PLACE OF PUBLIC AMUSEMENT

Answer all questions.

Use additional sheets as required

1. NATURE OF THE OPERATION

- Cabaret FULL
- Cabaret LIMITED
- Amusement Device Location
- Bowling Alley
- Other (specify) _____

2. APPLICANT

2.1 Name and address of applicant: _____

_____ Telephone: _____

2.2 If the applicant is a partnership or corporation, list the names, addresses, and dates of birth of those partners, officers, directors, stockholders, or other persons who have a direct or indirect proprietary interest in the operation:

2.3 List the name(s), address(es), and date(s) of birth of any manager(s), agent(s), or other person(s) in charge of or responsible for the operation:

2.4 Give the name, address, and date of birth of the applicant's designated agent who is authorized and designated to receive all notices and service of legal process on behalf of the applicant:

2.5 The applicant must attach hereto as a part of this application a statement duly executed by the designated agent confirming that the person agrees to serve as the agent for the applicant.

2.6 State whether any of the persons listed above had been convicted of any offense, other than traffic violations; if so, state when and in what court:

3. **PREMISES**

3.1 Give the location of the premises for which the license is sought:

3.2 Give the name and address of the owner of such premises:

Phone # _____

3.3 The applicant must attach hereto as a part of this application a complete description of the premises and facilities to be employed in the operation of the place of amusement, including a properly dimensioned floor plan showing, but not limited to exits, seating arrangements, aisle widths, and general utilization of space.

3.4 For full or limited cabaret applications, please describe the type of entertainment.

4. FISCAL

4.1 State the source(s) of the funds which will be used to establish the operation:

4.2 List all bank accounts and other financial resources held by the applicant:

4.3 For each such bank account or financial resource, the applicant must attach hereto as a part of this application an authorization for the Mount Kisco Chief of Police or his designated representative to inspect or confirm the records of such account or resource.

5. AMUSEMENT DEVICES

If amusement devices are to be employed, provide the name(s) and address(es) of the person(s) or firm(s) furnishing such devices, together with the terms of the sale or rental agreement(s):

6. REFRESHMENTS

6.1 If refreshments are to be provided, state their nature:

6.2 State the nature of any license(s) held by the applicant permitting the sale of wine, beer, or alcoholic liquor, the number of each such license, its expiration date, and by whom issued:

6.3 State the nature of any license(s) held by the applicant governing the preparation, serving, or sale of food, the number of each such license, its expiration date, and by whom issued:

7. OTHER LICENSES

State whether the applicant holds or has held any license(s) issued by the Village of Mount Kisco for a place of public amusement; if so, state the type(s) and the most recent date of expiration for each type:

Dated:

Applicant signature(s):

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

On this _____ day of _____, 20____, before me personally came
And appeared _____ to me known and known to me to be the
individual described in and who executed the foregoing application, and acknowledged to me
that he executed the same.

Notary Public

FOR VILLAGE USE ONLY

Agent confirmation Description of Premises

Bank authorization(s); number _____

POLICE: Approved Disapproved

Date: _____

Chief of Police

Remarks, conditions, and restrictions:

BUILDING DEPARTMENT: Approved Disapproved

Date: _____

Building Inspector

Remarks, conditions, and restrictions:

FIRE INSPECTION: Approved Disapproved

Date: _____

Fire Inspector

Remarks, conditions, and restrictions: