

## CABARET LICENSE APPLICATION

### Village of Pleasantville, New York

80 Wheeler Avenue • Pleasantville, New York 10570 • phone 914-769-1975 • fax 914-769-2127

# Cabaret as defined in Chapter 76, Article I of the Municipal Code of the Village of Pleasantville

| Applicant Info                      | NAME OF APPLICANT  |  |  |  |
|-------------------------------------|--|--|--|--|
|                                     | MAILING ADDRESS  |  |  |  |
|                                     | DATE OF BIRTH  | TELEPHONE  |  |  |
|                                     | SOCIAL SECURITY # OR FEDERAL I.D. #  |  |  |  |
|                                     | E-MAIL   |  |  |  |
|                                     | ☐ Individual ☐ Partners  | nip Corporation Limited liability company of other business entity association |  |  |
| Partnership Info<br>(if applicable) | If applicant is a partnership, list its complete name, the names, social security numbers and addresses of all persons who are general partners and who are responsible for the management of the partnership: |  |  |  |
|                                     | PARTNERSHIP NAME   |  |  |  |
|                                     | NAME   | SOCIAL SECURITY #  |  |  |
|                                     | ADDRESS  |  |  |  |
|                                     | NAME   | SOCIAL SECURITY #  |  |  |
|                                     | ADDRESS  |  |  |  |
|                                     | NAME   | SOCIAL SECURITY #  |  |  |
|                                     | ADDRESS  |  |  |  |
|                                     | NAME   | SOCIAL SECURITY #  |  |  |
|                                     | ADDRESS  |  |  |  |

## Corporation Info (if applicable)

Limited Liability

Cabaret Managers and Operators

(if applicable)

Company

If applicant is a corporation, list the complete name, the address of the office for service of process, evidence that it is in good standing under the laws of its state of incorporation and qualified to do business in the State of New York, the names and addresses of all officers, directors and managers, and the name and address of its registered agent, if any:

| CORPORATION NAME  |   |
|---|---|
|   |   |
| COPORATION ADDRESS  |   |
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| NAME  | SOCIAL SECURITY #                           |
| VALVIL  | SOCIAL SECONTIT #                           |
| ADDRESS   |   |
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| NAME  | SOCIAL SECURITY #                           |
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| NAME  | SOCIAL SECURITY #                           |
| VALVIL  | SOCIAL SECONTIT #                           |
| ADDRESS   |   |
| NOTICES.  |   |
| NAME  | SOCIAL SECURITY #                           |
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| ADDRESS   |   |
| NOTICE OF THE PROPERTY OF THE |   |
| If applicant is a limited liability company, list the nam   | es of all persons having an interest in the |
| limited liability company who are responsible for the i   |   |
|   | , , ,                                       |
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|   |   |
|   |   |
| List the name, business or mailing address, date of b   | irth and social security number of each and |
| every manager and operator of the cabaret:  | minute and additional for and and           |
|   |   |
| NAME  | SOCIAL SECURITY #                           |
|   |   |
| ADDRESS   | DATE OF BIRTH                               |
|   |   |
| NAME  | SOCIAL SECURITY #                           |
|   | 000112 020011111 11                         |
| ADDRESS   | DATE OF BIRTH                               |
| NOTICE OF THE PROPERTY OF THE | DATE OF BINNI                               |
| NAME  | SOCIAL SECURITY #                           |
| W WILL  | OSSINE SECONTIT #                           |
| ADDRESS   | DATE OF BIRTH                               |
| NUMESS  | DATE OF BIRTH                               |
| NAME  | COCIAL SECLIDITY #                          |
| NAME  | SOCIAL SECURITY #                           |



DATE OF BIRTH

ADDRESS

| Has any person mentioned in Section 1, 2, 3, 4, and 5 been engaged as an operator or manager cabaret or similar business within the last five years and, if so, the name of such business, its address and the length of time such person operated such business:  |
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|  |
|  |
| Has any person mentioned in Section 1, 2, 3, 4 EVER: (i) had a cabaret or similar license denied, revoked or suspended, (ii) been convicted of operating or managing such a business without a icense, (iii) been found in an administrative or judicial proceeding to have committed any act tha would form a basis for denial, revocation or suspension under this article and (iv) been found in a administrative or judicial proceeding to have committed any crime or violation in connection with activity regulated under this or a similar cabaret law. If the answer is yes to any of these questions the applicant is to provide the full particulars: |
|  |
|  |
|  |
| Has any person mentioned in Section 1, 2, 3, 4 and 5 had a relationship to any prior licensee for same premises? If Yes, list names.   |
|  |
| Name of the cabaret under which the applicant will operate with copies of the registration documents for the use of the name, and the location of the cabaret and telephone number(s) if a   |
|  |



| Do the premises comply with the requirements of the New York State Uniform Fire Prevention and Building Code and those relating to health and sanitation? YES NO If NO, state reasons.  |
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|   |
| Do the premises comply with the requirements of the local laws of the Village of Pleasantville relating to and regulating cabarets, providing for the licensing thereof, regulating the conduct of person therein, defining offenses and providing penalties for the violation thereof?  YES NO If NO, state reasons. |
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|   |
| Describe the nature of the entertainment to be produced:  |
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|   |
| State the area of the floor space to be used by the public, the maximum number of rooms to be occupied by the public, the maximum number  |
|   |
|   |
|   |



#### STATE OF NEW YORK: COUNTY OF WESTCHESTER:

|          |  | , being duly sworn, deposes and says:   |  |  |  |  |
|----------|--|---|--|--|--|--|
|          | I am the                               | , above-named applic  | , above-named applicant, and make this |  |  |  |
|          | affidavit for the purpose of obtaining | affidavit for the purpose of obtaining from the Village of Pleasantville a license to operate a cabaret |  |  |  |  |
|          | as provided in the local law relating  | as provided in the local law relating to and regulating cabarets, providing for the licensing thereof,  |  |  |  |  |
|          | regulating the conduct of persons to   | regulating the conduct of persons therein, defining offenses and providing penalties for the violation  |  |  |  |  |
|          | thereof. I have personal knowledge     | thereof. I have personal knowledge of the matters stated in the foregoing application, and the          |  |  |  |  |
|          | statements therein contained are to    | statements therein contained are true.  |  |  |  |  |
|          | Sworn to before me this                | day of  | , 20                                   |  |  |  |
|          | Notary Public:                         |   |  |  |  |  |
|          |  |   |  |  |  |  |
|          |  |   |  |  |  |  |
| Approved | CHIEF OF POLICE                        | DATE  |  |  |  |  |
|          |  |   |  |  |  |  |
|          |  |   |  |  |  |  |
|          | BUILDING INSPECTOR                     | DATE  |  |  |  |  |

