

CABARET APPLICATION
VILLAGE OF TARRYTOWN
One Depot Plaza, Tarrytown, NY 10591

Fee: \$200.00

Date _____

The undersigned hereby applies for a license as follows:

1. Name: _____ Partnership _____
2. Individual (Check one)

 Corporation
3. Business Address: _____ Telephone: _____
4. Home Address: _____ Telephone: _____
5. Age (if individual) : _____ Place and Date of Birth: _____ E-Mail Address _____
6. Type of License Applied For: Cabaret License
7. Precise purpose for which License is sought (describe business in detail) : _____

8. Place or Places in Tarrytown where you will carry on the above enterprise or activity:

9. Have you ever been convicted of a crime or violation of a Village Ordinance? _____
10. If a partnership, has any partner ever been convicted of such a crime or violation? _____
11. If a corporation, has any officer or director ever been convicted of such a crime or violation? _____
12. If answer to 9, 10, or 11 is yes, give full details stating nature of each offense and penalty assessed:

- NOTE: a. If you will be acting as an agent, attach your credentials from your principal.
- b. In any case, you must attach 3 references or letters of recommendation from 3 reputable businessmen or property owners of the Village, sufficient to establish your good character and business responsibility to the satisfaction of the Mayor.

I do hereby swear and affirm that the information stated above and on any supplementary sheets constituting a part of this application is true and complete, that no material information has been omitted, and that I have read the Ordinance of the Village of Tarrytown applicable enterprise or activity for which I am seeking a license and am fully familiar with all the requirements and restrictions thereof.

[Must be signed by *all* partners in a partnership or by President or other authorized officer of a corporation.]

Sworn to before me this _____
day of _____, 20____

Notary Public

APPLICATION FOR CABARET LICENSE
PER CHAPTER 111 OF VILLAGE OF TARRYTOWN CODE

1. Name of Applicant _____
2. Address of Applicant _____
3. Is applicant an individual () ; a partnership () ; or a corporation ()
4. If applicant is a partnership, provide names and addresses of all persons having an interest in the partnership:
 - a. _____ b. _____

 - c. _____ d. _____

5. If applicant is a corporation, provide names and addresses of all officers, directors and managers.
 - a. _____ b. _____

 - c. _____ d. _____

6. Name and address of every manager of the premises to which this application relates:
 - a. _____ b. _____

 - c. _____ d. _____

If you require additional space, attach additional pages.

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7. Has any person noted in 4, 5 or 6 above been engaged as an operator or manager of a cabaret or similar business in the last five (5) years? Yes () No ()

If yes, provide name of person, name of establishment and address of establishment.

a. _____ b. _____

8. Has any person noted in 4, 5 or 6 above ever had a previous cabaret or similar license revoked or suspended? Yes () No ()

If yes, provide name of person, name of establishment and address of establishment.

a. _____ b. _____

9. State the name and location of the cabaret to which this application relates:

Name _____

Address _____

10. State the nature of the entertainment to be provided in the cabaret:

11. Area of floor space in cabaret to be used by the public:

12. Maximum number of rooms to be occupied by the public: _____

13. Maximum number of tables to be used in each occupied room: _____

14. Number of entrances and exits to cabaret: _____

15. Westchester County Health Department Permit Number: _____

16. What date was the last fire inspection conducted by the Village: _____

17. State days and hours of cabaret operation: _____

If you require additional space, attach additional pages.

Date: _____

Applicant's Signature