

APPLICATION FOR TOWN OF EVANS LICENSE(S) FOR 20_____

Name of Applicant: _____ Phone #: _____
First Middle Last

Doing Business As: _____

Circle *EACH TYPE* of license applying for:

| License Type | Fee |
|------------------------------------|--|
| REFRESHMENT | <p>\$25.00 Valid until December 31st.</p> <p><i>*Required Documentation:</i> •Current Erie County Health Department permit •Worker's Compensation Certificate <i>form C105.2</i> AND NYS Disability Insurance certificate form <i>DB120.1</i> •If you do not have employees then submit a date stamped Certificate of Exemption from New York State Workers' Compensation <i>form CE-200</i>.</p> |
| AMUSEMENT | <p><i>*Required Documentation:</i> •Worker's Compensation Certificate <i>form C105.2</i> AND NYS Disability Insurance certificate form <i>DB120.1</i> •If you do not have employees then submit a date stamped Certificate of Exemption from New York State Workers' Compensation <i>form CE-200</i>.</p> <p>*If applying for Refreshment and Amusement, one set of documents are sufficient</p> <p>LATE FEE: ** \$25.00 late fee PER application type circled if received and/or postmarked January 1ST or later</p> |
| LIVE BAND Commercial | <p>\$250.00** Valid until December 31st</p> <p>LATE FEE: ** \$25.00 late fee if received and/or postmarked January 1ST or later</p> |
| LIVE BAND SPECIAL EVENT LICENSE | <p>\$75.00** <i>PER</i> Special Event & Valid for one event only</p> <p>Date of Event: _____ Location of Event: _____</p> <p>* Time of Event: _____ Purpose of Event: _____</p> <p style="text-align: center;">* 4 consecutive hours between 3pm & 11pm</p> <p style="text-align: center;">** EFFECTIVE: July 1, 2012 per Town Board resolution adopted 6-20-2012 **</p> |

You only need to complete one application for all license types. Please circle each type that you are applying for.

If you should have any questions regarding the application, please contact the Town Clerk's Office at (716)549-8787. For insurance questions please contact your insurance agent or Workers' Compensation at (518-486-6307).

APPLICANT #2

Name: _____ Date of Birth: _____
First Middle Last Mo/Date/Year

Address: _____
Street # Street Name City State Zip

U.S. Citizen: ____ Yes ____ No Years of Residence in the Town of Evans: _____

Previous Address with-in the last five (5) years: _____
Street # Street Name City State Zip

Previous Employer with-in the last five (5) years: _____
Name

Address of previous Employer: _____
Street # Street Name City State Zip

Have you ever been convicted of any crime or offense not a minor traffic violation? ____ Yes/ ____ No

If yes, by what Agency? _____ Date: _____

Court of Disposition? _____ For what Charges? _____

Are you a registered sex offender in New York State or any other territory in the United States?
____ Yes ____ No Where? _____

State of New York
County of Erie SS
Town of Evans

I, the undersigned applicant for the Town of Evans, do hereby declare and swear that the foregoing statement is true to be the best of my knowledge and belief; and if a license is granted pursuant to this application, that I will comply with the laws of the State of New York, the rules, regulations and codes of the State and Federal governments relating thereto, and the ordinances of the Town of Evans governing such operations.

Applicant #2 _____
Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public, Erie County, New York

TOWN CLERK OFFICE USE ONLY

Documentation required:

Date Paid: _____

Amount of Payment: \$ _____

Police DMV Authorization: Applicant completed _____ Police completed _____

Current Erie County Health Department Permit: Exp Date _____

Current Workers Comp (C-105.2): Exp Date _____ Not Required _____

NYS Disability (DB-120.1): Exp Date _____

Town Board Approval _____

License # _____

Issue Date _____

2/23/2015

To whom it may concern

When submitting an application for all Town of Evans Licenses/Permits and/or NYS Bell Jar/Raffle/Games of Chance/Bingo Licenses, a Criminal/DMV Authorization for Record Check form must be completed by EACH person who listed on the application. Please feel free to make the necessary number of copies needed.

All of the completed Authorization forms, application and payment must be received at the same time.

Very truly yours,

Lynn M. Krajacic
Town Clerk

TOWN OF EVANS POLICE DEPARTMENT
8787 Erie Road, Angola, NY 14006
716-549-3600 FAX 716-549-6089

CRIMINAL/DMV AUTHORIZATION FOR RECORD CHECK

STATE OF NEW YORK
COUNTY OF ERIE
TOWN OF EVANS

I, _____, do hereby authorize the Town of Evans Police Department to check and receive any information regarding my criminal record, if any, and that relates to my driver's license or operating record including disciplinary measures, to include but not be limited to any and all record furnished by the New York State Department of Motor Vehicles.

Signature

Date of Birth

Current Address: House # Street Name,

City, State, Zip

Signature of Witness

Witness's Name Printed