

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 (CIRCLE EACH TYPE YOU ARE APPLYING FOR.)	Fee
REFRESHMENT	<p>\$50.00 each Valid until December 31st.</p> <p><i>*Required Documentation:</i></p> <ul style="list-style-type: none"> •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>
AMUSEMENT	<p><i>*Required Documentation:</i></p> <ul style="list-style-type: none"> •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><i>*If applying for Refreshment and Amusement one set of documents are sufficient.</i></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>Location of Event: _____</p> <p>Purpose of Event: _____</p> <p>Date of Event: _____</p> <p>* Time of Event: _____</p> <p>*4 Consecutive hours between the hours of 11am and 11pm</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).

All fees are NON-REFUNDABLE.

PLEASE PRINT OR TYPE.

Name of Applicant: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Doing Business As: _____ Phone #: _____

Location of Premises: _____
Street # Street Name City Zip

Mailing Address: _____
PO Box # OR Street # Street Name City State Zip

Is the applicant an: Individual _____/Partnership _____/Society _____/Club _____/Corp _____

Who is to have actual charge of the business? _____
First Middle Last

Name of Owner of Premises?

First Middle Last Street # Street Name City State Zip

Date of Birth for Owner of Premises: _____
Mo/Date/Year

Have any of the applicants above named, whether alone or with someone else previously been engaged as owner or employee in conducting a saloon, cafe', hotel or other business of a similar nature where intoxicating liquors were sold? _____ Yes _____ No

If so, when, where and how long? _____

Is this establishment now licensed to sell intoxicating liquors by the Alcoholic Beverage Control Board?

_____ Yes Give present alcoholic license number, if any _____

_____ No

If yes, circle the kind of license: Restaurant /Hotel/Summer Only/Club/Off-Premises/Store/ _____

Is business to be conducted in connection with any other business? _____ Yes _____ No

If so, state nature _____

Give Names of Partners or Principal Officers, including Manager (if any) & previous employment & residence for the past 5 years:

APPLICANT #1

Name: _____ Date of Birth: _____
First Middle Last Month 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? _____ 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 #1 _____
Signature

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

Notary Public, Erie County, New York

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

APPLICANT #3

Name: _____ Date of Birth: _____
First Middle Last Month/ 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 so, by whom? _____ 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 #3 _____
Signature

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

Notary Public, Erie County, New York

APPROVED or DENIED (Please circle one)

Date _____

Signature of the **Chief of Police**

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TOWN CLERK OFFICE USE ONLY

Documentation required:

Date Paid: _____

Amount of Payment: \$ _____

Police DMV Authorization: Applicant completed N/A 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 _____