



3301 Broadway St, Room 101  
Cheektowaga, NY 14227  
Phone: (716) 686-3423  
Fax: (716) 686-3515  
Email: [mbrezowski@tocny.org](mailto:mbrezowski@tocny.org)  
Website: [www.tocny.org](http://www.tocny.org)

# Town of Cheektowaga

## Cheektowaga Town Code-Chapter 56: Amusement Arcades

Pursuant to Town of Cheektowaga Ordinance entitled "**AMUSEMENT ARCADE ORDINANCE**", adopted by the Cheektowaga Town Board on August 5, 1981, you are required to pay the yearly license fee of \$500.00 plus \$10.00 per machine.

**AMUSEMENT ARCADE** - A building or place which provides entertainment by means of amusement devices and which contains more than five such devices.

**AMUSEMENT DEVICE** - Any mechanical or electronic device or contrivance accessible to the general public for use as a game, contest or amusement by one or more persons, singularly or collectively, or which may be so used. The term "**amusement device**" **includes but is not necessarily limited to bagatelle, pool tables, pinball machines, foosball tables, electronic games, games utilizing motion and similar devices.** The term "amusement device" does not include jukeboxes or rides.

### § 56-5 Restrictions on issuance of license.

**A.** No license shall be granted for any premises to be used as an amusement arcade if such premises is located within 500 feet of the lot line of a public or private school, church or any R District boundary.

**B.** No license shall be issued or reissued to any applicant convicted of a misdemeanor or felony, which in the judgment of the Town Clerk renders the applicant unfit or undesirable to carry on the operation, maintenance or ownership of the amusement arcade.

### § 56-7 Restrictions on operation.

**A.** No cash awards shall be made in any contest, tournament, league or individual play on any amusement device maintained or operated in any premises, and no amusement device shall be permitted to operate if said device delivers or may readily be converted to deliver to the player any coins, slugs or metal tokens on certain scores, if such delivery of coins, slugs or metal tokens is or is held to be contrary to any law or ordinance.

**B.** Unless accompanied by a parent or guardian, no person under 16 years of age who is duly enrolled in a public or private school shall be permitted to operate an amusement arcade device between the hours of 10:00 p.m. and 10:00 a.m. from Sunday through Thursday on such days when school is regularly in session and such person is in regular attendance.

**C.** Compliance with ordinances required. Every person, firm or corporation which or who maintains, operates or conducts an amusement arcade shall comply with all applicable ordinances of the Town of Cheektowaga.

## APPLICATION FOR AMUSEMENT ARCADE

for the July 1, 20\_\_\_\_ to June 30, 20\_\_\_\_

**Nº**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

\_\_\_\_\_  
(Applicant Name) of \_\_\_\_\_  
(Applicant Business Address) being duly sworn, deposes and says  
that the information given under oath herein is true and complete, and is given for the purpose of applying for an amusement arcade license.

**INSTRUCTIONS:** Please print legibly or type all information clearly or it will not be accepted.  
The device(s) must be at the location in order to inspect and/or prove upon request.

### BUSINESS INFORMATION:

Business Name as filed with New York State: \_\_\_\_\_

Premises Business Address: \_\_\_\_\_  
(Building number, Street name, and Suite number) (Town) (State and Zip Code)

Description of premise: Size of premises: \_\_\_\_\_ SQ FT Maximum Capacity of premises: \_\_\_\_\_

Is there a NYS Liquor License currently in effect at this Amusement Arcade location: (Circle One) Yes No

If there is a current NYS Liquor License, please provide the License Number: \_\_\_\_\_

Primary Business Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner of Premise: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Building number, Street name, and Suite number) (Town) (State and Zip Code)

Primary Purpose of Premises: \_\_\_\_\_ Owner's Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The Applicant ever been convicted of a crime: (Circle) Yes or No If YES, please specify date, where and outcome of conviction: \_\_\_\_\_

Applicant Name & position if other than Owner: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
(Building number, Street name, and Suite number) (Town) (State and Zip Code)

Applicants Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The Applicants Relationship to the Amusement Arcade: (Check One of the Following)

- Individual/Partnership/Corporation
- Owner
- Other: \_\_\_\_\_

### Total Due with Application

Yearly License Fee \$500.00 + \_\_\_\_\_ x \$10.00 per machine = \$\_\_\_\_\_ to be sent

### AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization Required.)

#### APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the Applicant: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

#### NOTARY

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the above signed, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of  
(Applicant Name)

satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature: \_\_\_\_\_  
(Notary)

Commission Number: \_\_\_\_\_

Notary Stamp

Commission Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Mail this form in its entirety and the appropriate fee to the following: Town of Cheektowaga, Town Clerk's Office, 3301 Broadway Street, Room 101, Cheektowaga, NY 14227. DO NOT SEND CASH. Make check or money order payable to the Town of Cheektowaga.**

### (To be completed By Town Clerks Office)

Town Clerk signature: \_\_\_\_\_  
(Town Clerk)

- Approved
- Declined



Complete the Amusement Devices Registration Form or a spreadsheet with Name of device, Description of device & Serial #



## AMUSEMENT DEVICES REGISTRATION

Please feel free to make additional copies of this page, if needed or supply a spreadsheet

- 1) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 2) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 3) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 4) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 5) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 6) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 7) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 8) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 9) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 10) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 11) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 12) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 13) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 14) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 15) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 16) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 17) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 18) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 19) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_
- 20) Name of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Description of Device: \_\_\_\_\_