

APPLICATION FOR AMUSEMENT ARCADE LICENSE

No

State of New York }
County of Erie } SS.

Name of Residence 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.

- 1. a) Applicant's Name
b) Business Address Bus. Tel.
c) Residence Address Res. Tel.
d) Date of Birth

- 2. a) Have you ever been convicted of a crime? Yes No
b) If you answered Yes to the above, do you have a Certificate of Relief from Disabilities? Yes No

- 3. Applicant's relationship to amusement arcade:
a) (Individual Partnership Corporation) owner
b) Other (please specify)

- 4. a) Owner of Premises Name
b) Business Address Bus. Tel.
c) Residence Address Res. Tel.

5. Description of Premises:

- a) Address
b) Primary purpose
c) Dimensions and/or Floor Area
d) Capacity

6. Is there a State Liquor Authority license currently in effect for the premises on which the amusement arcade is located?
Yes No

- 7. a) Number of amusement devices
b) Types of amusement devices:

- (1) Name of Device Serial No.
Description of Device
(2) Name of Device Serial No.
Description of Device
(3) Name of Device Serial No.
Description of Device
(4) Name of Device Serial No.
Description of Device
(5) Name of Device Serial No.
Description of Device
(6) Name of Device Serial No.
Description of Device

Additional forms for the listing of amusement devices may be obtained from the Town Clerk and shall be attached to the
application.

Date of Application Signature of Applicant

subscribed and sworn to before me

this day of, 19 Approved Denied

Notary Public

Town Clerk