November 2017

To: All Holders of Town of Greenburgh Cabaret Licenses

Enclosed is your application for a 2018 Cabaret License.

Please complete and return the application with the non-refundable fee of $250.00. Then, each applicant must have fingerprints taken, please contact L 1 Enrollment at 1-877-472-6915 to make an appointment. The following non-refundable fees must be paid at that time: a money order/check for $85.75 in favor or L 1 Enrollment to the Fingerprinting Dept. The ORI # for Town of Greenburgh is NY0595300.

In order to operate on January 10, 2018 you must have a valid 2018 Cabaret License. Your 2017 license will expire on January 9, 2018.

(For new applicants - Please submit a detailed floor plan drawn to scale along with your application.)

Also, if you have filed a detailed floor plan drawn to scale and there have been no changes, it will not be necessary to submit another (please state this on your application).

If you have any questions, please call me at 989-1500 - option 5

Sincerely,

Judith A. Beville
Town Clerk

JAB:cp

encl.
# TOWN OF GREENBURGH
## APPLICATION FOR CABARET LICENSE

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICATION</td>
</tr>
<tr>
<td>RECEIVED:</td>
</tr>
<tr>
<td>FEE: $250.00 (NON-REFUNDABLE)</td>
</tr>
<tr>
<td>RECEIPT NO.</td>
</tr>
</tbody>
</table>

## CABARET

(First)  (Middle)  (Last)
(Street Address)  (Locality)
(State)  (Zip)  (Date of Birth)  (Social Security #)
(Telephone)

## NAME OF CABARET APPLICANT (OWNER)

### (A) INDIVIDUAL

(First)  (Middle)  (Last)
(Street Address)  (Locality)
(State)  (Zip)  (Date of Birth)  (Social Security #)

### (B) PARTNERSHIP

If partnership, (list names, addresses, birth dates and social security numbers of all persons having an interest)

(First)  (Middle)  (Last)
(Street Address)  (Locality)
(State)  (Zip)  (Date of Birth)  (Social Security #)

### (C) CORPORATION

(Name of Corporation)
(Street Address)  (Locality)
(State)  (Zip)  (Year & State of Incorporation)

1) If corporation, list below or on attached sheet, the names, addresses, birth dates and social security numbers of principal officers, director and managers of the Corporation.

### 1a)

(First)  (Middle)  (Last)
(Street Address)  (Locality)
(State)  (Zip)  (Date of Birth)  (Social Security #)

### 1b)

(First)  (Middle)  (Last)
(Street Address)  (Locality)
(State)  (Zip)  (Date of Birth)  (Social Security #)
TOWN OF GREENBURGH
APPLICATION FOR CABARET LICENSE

2) If applicant is other than owner, please give applicant's status, as well as owner's name and address.

____________________________________

____________________________________

3) If Corporation, list below or on attached sheet the names of each stockholder, having ten (10%) per cent or more or total outstanding shares of stock, together with number of shares and percentage held by each.

____________________________________

____________________________________

4) Regardless of whether applicant is an individual, partnership or corporation, give the name, address, birth date and Social Security number of each and every manager and/or operator of the premises.

____________________________________

____________________________________

5) Are any of the persons named in questions (1) through (4) citizens of a country other than the U.S.? If so, give names and country of citizenship.

____________________________________

____________________________________

6) If any of the persons named in questions (1) through (4) reside in the Town of Greenburgh, give length of residency and place of previous employment.

____________________________________

____________________________________

7) Has any person named in questions (1) through (4) been convicted of a felony or misdemeanor? If so, give full particulars.

____________________________________

____________________________________
8) Has any person named in questions (2) and (4) been engaged as an operator, manager, or owner of a cabaret or similar business within the last five years? If so, give name of such business, address and length of time person operated business.

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

9) Has any person named in questions (1), (2) and (4) ever had a cabaret or similar license revoked or suspended? Has such person been convicted of operating or managing such a business without a license? If so, give full particulars.

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

10) State nature of entertainment in cabaret.

__________________________________________________________________________

11) A) Area in square feet of floor space per room to be used.

__________________________________________________________________________

B) Maximum number of rooms to be occupied.

__________________________________________________________________________

C) Maximum number of tables in each occupied room.

__________________________________________________________________________

D) Maximum number of entrances and exits.

__________________________________________________________________________

12) Will any part of the building be used for a

   Hotel _______________  Rooming House _____________  Apartment _______________

   If so, give full particulars: ___________________________________________________________________________________________

   __________________________________________________________________________________________

   __________________________________________________________________________________________
TOWN OF GREENBURGH  
APPLICATION FOR CABARET LICENSE

13) Affix to the application two (2) copies of a scale drawing showing the dimensions of all rooms, locations of all tables, width of aisles between tables, width of aisles between tables and walls, posts, poles, bars, stages and other fixtures, appurtenances and appliances and the locations of all exits, exit signs and emergency lighting.

14) County Health Department Permit Number

15) State days of the week Cabaret will operate

16) All persons named in (1), (2) and (4) shall be fingerprinted at the locations mentioned on the attached Notice. Please contact them at 1-877-472-6915 to make an appointment. The applicant must present the receipt from the Town Clerk’s Office when he/she goes for fingerprinting. The following non-refundable fees must be paid at that time: a **money order for $85.75** to the Fingerprinting Dept. **The ORI # for Town of Greenburgh is NY0595300.**

The applicant agrees to abide by the ordinance, rules and regulations of the Town of Greenburgh and the State of New York.

I swear or affirm that all the foregoing statements and answers to the foregoing questions are true and correct to the best of my knowledge.

__________________________________
Signature of Applicant

__________________________
Title, if any Date

Sworn to before me this

___________ Day of ____________, ______.

__________________________________
Notary Public

__________________________________
Signature of Building Owner (if not applicant)

__________________________
Title, if any Date

Sworn to before me this

___________ Day of ____________, ______.

__________________________________
Notary Public

(Please Note: This page must include the notarized signatures of both the Applicant and the Building Owner. If the Applicant is also the Building Owner, that person must sign in both places. If the Applicant is not the Building Owner, then the Building Owner must sign in the appropriate space.)