



TOWN OF GREENBURGH

TOWN CLERK'S OFFICE

177 Hillside Avenue, Greenburgh, NY 10607

(914) 989-1500 FAX (914) 993-1626

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JUDITH A. BEVILLE
Town Clerk

(Finger Printing Every Year)

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 of 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

OFFICE USE ONLY		
APPLICATION RECEIVED: _____	FEE: \$250.00 (NON-REFUNDABLE)	RECEIPT NO. _____

CABARET

_____ (Name of Cabaret)

_____ (Street Address)

_____ (Locality) (State) (Zip) (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 #)

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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.

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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: _____
