

NEW: _____

RENEWAL: _____

EXPIRATION: _____

**CITY OF ROCHESTER
CITY CLERK'S OFFICE
LICENSING UNIT
ROOM 100A, CITY HALL
ROCHESTER, NY 14614**

LICENSE NO. _____

LICENSE APPLICATION
Indicate with an "X"

- Amusement
- Entertainment
- Billiard Rooms
- Bowling Alley

[Chapt. 29]
[Chapt. 29]
[Chapt. 29]
[Chapt. 37]

ALL LICENSE FEES ARE: NOT PRORATED, NON-REFUNDABLE AND NON-TRANSFERABLE

WARNING: The Chief of Police may deny a license to any person who makes a material misrepresentation on an application pursuant to §29-23A and §68-10A of the Code of the City of Rochester.

1	<p>Business Information:</p> <hr/> <p>Name of Business</p> <hr/> <p>Business Address _____ City, State _____ Zip _____ () _____</p> <p>Business Phone _____</p> <p>Business Activities _____</p>
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2	<p>Business Owner: (PICTURE I.D. REQUIRED)</p> <hr/> <p>Full Name of Business Owner (Include Maiden Name if applicable) _____ Phone () _____</p> <p>Date of Birth _____</p> <hr/> <p>Home Address (No P.O. Box) _____ City, State _____ Zip _____</p> <p>Are you the sole owner of this business?</p> <p>Yes _____ No _____ (Initial) _____ If "NO", complete Box #4</p>
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3	<p>Daily Business Operator (if other than owner, PICTURE I.D. REQUIRED)</p> <hr/> <p>Full name _____</p> <hr/> <p>Date of Birth _____ Phone (Home or Cell) () _____</p> <hr/> <p>Residence (No P.O. Box) _____ City, State _____ Zip _____</p>
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4

NOTE: If the owner or operator is a partnership, corporation or other business association, D.B.A., include name, home address, and date of birth for all principals involved (e.g. partners, shareholders, officers, etc.).

CIRCLE ONE: Partnership/Corporation/ D.B.A. /Agent

Full Name _____ D.O.B. _____ Home Address _____ Phone Number _____

5

Do you currently or have you operated any other business in the City of Rochester which was required to obtain a Certificate of Use, Business Permit or License issued by the Chief of Police and/or any other State or Local License?

YES ____ NO ____ **If yes, please list:**

Name of Business _____ Address _____

Name of Business _____ Address _____

6

Full name of Property Owner: _____

Date of Birth _____ Phone () _____

Residence (No P.O. Box) _____ City, State _____ Zip _____

7

If alcoholic beverages are to be sold at your premises, provide the **NYS Liquor License Number** _____

8

Security

New York State regulates security agencies and guards under NYS General Business Law Article 7 and 7-A requiring that they are licensed.

Will you utilize security services at your premises? YES ____ NO ____ (Initial) _____

If yes, please provide the following information:

(1) Name of Licensed Security Agency: _____ include;

N.Y.S. WatchGuard/Private Investigator License # _____

(2) Proprietary Security Guard Employer # _____

ACKNOWLEDGMENTS

9

I understand that completion and submission of the application does not constitute a valid license/permit and that operation of my business is not permitted until my application has been approved and the license issued by the Chief of Police.

_____ (Initial)

10

I understand that the license holder and/or their employees shall operate the business so that it is not a source of disruption or disorder in and around the area where the business is located and shall cooperate with any and all investigations relative to the business.

_____ (Initial)

11

I understand that the applicant and/or operator shall maintain all licenses required for the operation of the business and shall notify the License Investigation Unit of the Rochester Police Department in writing of any change in status of said licenses.

_____ (Initial)

12

I understand licenses are not transferrable and that prior to changing the name, type, location or ownership and/or management of the business, the applicant and/or operator shall notify the License Investigation Unit of the Rochester Police Department.

_____ (Initial)

13

I understand that as the owner/operator of a licensed business, I shall not permit at any time a greater number of persons on the premises than the posted occupancy set forth on said license.

_____ (Initial)

14

I understand that licenses issued by the Chief of Police are annual licenses. Bowling Alley licenses automatically expire on **December 31** of each year and Amusement, Entertainment and Billiard Room licenses automatically expire on **January 31** of each year.

_____ (Initial)

15

I understand that as the owner/operator of a licensed business, I shall not operate the business or permit any occupancy beyond the hours set forth by law and set forth on said license.

_____ (Initial)

16

I understand that I am responsible for knowing and obeying applicable laws and rules as contained in the Code of the City of Rochester and State and Federal Laws.

_____ (Initial)

I acknowledge that all the submitted information is correct and I understand that false statements made on this application may result in the denial or revocation of the License issued by the Chief of Police.

PRINT NAME

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ **DAY OF** _____

Notary/Commissioner of Deeds

Date of Expiration

OFFICE USE ONLY

ZONING STAFF: _____

NSC QUADRANT _____

Date: _____

CZC # _____

Conditions: _____

Pending Permits? Yes _____ **No** _____

Lawful hours of operation _____

BUILDINGS STAFF: _____

Date: _____

Approved MAXIMUM Occupancy: _____ **Square footage** _____

ROCHESTER POLICE DEPARTMENT

Criminal Record Check: _____ **PVB** _____ **MCVB** _____ **Alarm** _____

Red Light Check _____

Applicant Contact: _____ **In Person** _____ **Telephone** _____ **Game Limit** _____

Documents: **Health Permit** _____ **Bond/Ins.Appr.** _____

Approved _____ **Denied** _____ **Adm. Canceled** _____ **Conditionally Approved** _____

Fire Approval _____

NSC Approval _____

Researcher

Date

Chief of Police

Date