



Inc. Village of Hempstead

Business Licensing Department

200 Jackson Street

Hempstead, NY 11590

Application for Coin Operated Amusement Device

- As per VCO 86-24, C-2, "No more than two (2) amusement devices on any public premise."
- As per VCO 86-24 CD " A separate annual license is required for each amusement device."
- As per VCO 86-1, the business site must have a current business license with the Village of Hempstead.

PLEASE TYPE OR PRINT CLEARLY

Applicant should NOT write above this line

PLEASE TYPE OR PRINT CLEARLY

We (I) hereby apply for a License for _____ amusement device(s) located at the following business location.
(# of devices)

Name of Business Where device(s) is/are located: _____

Type of Business: _____ Phone: () _____

Address of Business Where device(s) is/are located : _____, Hempstead, N.Y.

Name and Address of Applicant: _____

Applicant Phone # : () _____

Applicant's Date of Birth: _____ Applicant's SS#: _____

Name and Address of the Owner of the amusement device: _____

(If the same as applicant - indicate same without details)
If owner is a Corporation or Partnership, provide name of such and principal place of business along with name and addresses of persons composing firm. Papers showing this information may be attached to this application.

Do you agree to comply with the provisions of the Code of Ordinances of the Inc. Village of Hempstead? Y / N _____

Criminal History: Whether or not the applicant or, in the case of a corporation, whether any officer or director thereof has been convicted of a crime, offense or violation of any municipal ordinance or law, and if so, the municipality or jurisdiction where the offense occurred, the nature of the same and the penalty assessed therefore.

List any and all previous or pending arrests and/or convictions, stating when, where and Court Disposition:
(Indicate N/A if not applicable)

If needed, attach additional sheets to application

Have you been denied a license or had a license suspended or revoked by any Federal, State, or Local Government Agency? Yes: _____ No: _____
If **yes**, provide details below.

If needed, attach additional sheets to application

Other Governmental Identification Numbers and Issuance Dates:

Nassau County Consumers Affairs No.: _____

Other No.: _____ Other No. : _____

Person who licensee acknowledges, will accept process or legal notice on behalf of licensee:

Name: _____ Tel No.: _____

Address: _____

Except as otherwise specifically provided, every applicant for a license shall have this statement signed and sworn to by the applicant in person if an individual, by all partners if a partnership and by the president or duly authorized officer if a corporation.

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

I hereby declare, under oath, that I fully understand and have answered all of the above questions truthfully. And acknowledge my obligation to provide the village with any changes or additions to the information contained in or annexed hereto

Sworn to before me this _____ day
of _____, 20_____

Signature: _____

Title: _____

(If corporation, state whether agent, officer, etc.)

NOTARY PUBLIC