



**Inc. Village of Hempstead
99 James A. Garner Way
Hempstead, New York 11550
APPLICATION FOR CABARET LICENSE**

CABARET

Any room, place or space in which any professional entertainment or floor show of any kind whatsoever or similar entertainment, including dancing by the patrons, is permitted or provided in connection with the business of directly or indirectly selling or serving food or drink to the public is conducted, and provides any form of entertainment, including music, whether live or mechanical, singing, dancing or any type of game of amusement. The term "cabaret" shall include establishments customarily called "discotheques."

Please be Advised as per resolution passed on the 2nd day of May 2018:

The Village Board requests the SLA restrict the hours of operation for restaurants, bars and nightclubs looking to operate within the Inc. Village of Hempstead to no later than two in the morning every day of the week.

Your completed application should be mailed to with a business check to:
Business License Dept.
99 James A. Garner Way
Hempstead, New York 11550.

Fees: According to Capacity in Persons	1-100	\$400.00
	101-300	
	\$1000.00	
	301-600	
	\$1500.00	
Over		600
\$2700.00		

Once the business passes all inspections and is approved by the Board of Trustees, a license will then be issued

Name of Business: _____

D/B/A: _____

Address: _____

Telephone: _____

Name of Applicant:

LAST _____ FIRST _____ MI _____

Date of birth: _____

Residence: (actual home, not a PO Box)

Name of Owner of Premises, if other than applicant:

Address: _____

Telephone: _____

State whether Individual ()

Partnership ()

Corporation ()

If Partnership state names and addresses of all persons having an interest and attach partnership documents.

LAST _____ FIRST _____ MI _____

Date of birth: _____

Residence: (actual home, not a PO Box)

LAST _____ FIRST _____ MI _____

Date of birth: _____

Residence: (actual home, not a PO Box)

If Corporation state names and addresses of all officers and attach corporation documents.

LAST _____ FIRST _____ MI _____

Date of birth: _____

Residence: (actual home, not a PO Box)

LAST _____ FIRST _____ MI _____

Date of birth: _____

Residence: (actual home, not a PO Box)

If Corporation, state names and addresses of each stockholder together with number of shares of capital stock held by each.

LAST _____ FIRST _____ MI _____

Residence: (actual home, not a PO Box)

Date of birth: _____ Shares: _____

Phone number: _____

LAST _____ FIRST _____ MI _____

Residence: (actual home, not a PO Box)

Date of birth: _____ Shares: _____

Phone number: _____

(Provide details such as type of Entertainment including music live or mechanical, singing, dancing, or any type of game of amusement. Include capacity of persons and indicate days of week and times that entertainment will operate. Please Note: Hours and method of operation must be consistent with State Liquor Authority) Applicant must attach copy of Driver's License or other photo ID & SLA License to application

Days & Hours of Operation:

State nature of Entertainment:

Does Applicant intend to have outdoor entertainment? Yes ___ No ___

If yes, provide details such as type of Entertainment, where outside entertainment will be held and include capacity of persons, and indicate days of week and times that outside entertainment will operate

Has Applicant, Partner, Officer, Director, or Stockholder ever been convicted of a crime, misdemeanor or violation of any local law or ordinance, other than parking violations: Yes _____ No _____

If yes, list date of conviction and crime or offense involved:

Do the premises upon which the proposed cabaret is to be conducted comply with the requirements of the building code (including certificate of occupancy) and those relating to health and sanitation?

YOU MUST SIGN AND DATE BELOW IN FRONT OF A NOTARY.

I hereby declare, under oath, that I fully understand and have answered all 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. Should I be granted a license to operate within the Incorporated Village of Hempstead, all my employees and I will abide by all Federal, State, County and Village laws and/or Codes. I understand that this license is non-transferable and will expire two years from date of issuance unless otherwise indicated, and that there is no grace period for renewal. I agree to maintain a valid license and insurance if I conduct business within the Incorporated Village of Hempstead.

Signature: _____ **Date** _____

Print Name: _____ **Title (owner, officer, manager, etc.):** _____

FOR COMPLETION BY NOTARY:

Signature of Notary: _____ **Date of Notarization:** _____

Notary Stamp:

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.