

APPLICATION FOR TOWN OF EVANS LICENSE FOR 20_____

Check type of license applying for : _____ Refreshment* *If paid after December 31st there
(One license type per application) _____ Amusement* is a \$10.00 late fee per application.
\$25.00 per application. _____ Live Band*
_____ Peddler

PLEASE PRINT OR TYPE.

Name of Applicant: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Doing Business As: _____

Location of Premises: _____
Street # Street Name City Zip

Mailing Address: _____
Street # Street Name City State Zip

Is an application an: Individual_____/Partnership_____/Society_____/Club_____/Corp_____

Give Names of Partners or Principal Officers, including Manager (if any) & previous employment & residence for the past 5 years:

APPLICANT #1

Name: _____ Date of Birth: _____
First Middle Last Month Day Year

Address: _____
Street # Street Name City State Zip

U.S. Citizen: ____ Yes ____ No Years of Residence in the Town of Evans: _____

Previous Address with-in the last five (5) years: _____
Street # Street Name City State Zip

Previous Employer with-in the last five (5) years: _____
Name

Address of previous Employer: _____
Street # Street Name City State Zip

Have you every been convicted of any crime or offense not a minor traffic violation? ____ Yes/____ No

If so, by whom? _____ Date: _____

Court of Disposition? _____ For what Charges? _____

Are you a registered sex offender in New York State or any other territory in the United States?
____ Yes ____ No Where? _____

APPLICANT #2

Name: _____ Date of Birth: _____
First Middle Last Month Day Year

Address: _____
Street # Street Name City State Zip

U.S. Citizen: ___ Yes ___ No Years of Residence in the Town of Evans: _____

Previous Address with-in the last five (5) years: _____
Street # Street Name City State Zip

Previous Employer with-in the last five (5) years: _____
Name

Address of previous Employer: _____
Street # Street Name City State Zip

Have you every been convicted of any crime or offense not a minor traffic violation? ___ Yes/___ No

If so, by whom? _____ Date: _____

Court of Disposition? _____ For what Charges? _____

Are you a registered sex offender in New York State or any other territory in the United States?

___ Yes ___ No Where? _____

APPLICANT #3

Name: _____ Date of Birth: _____
First Middle Last Month Day Year

Address: _____
Street # Street Name City State Zip

U.S. Citizen: ___ Yes ___ No Years of Residence in the Town of Evans: _____

Previous Address with-in the last five (5) years: _____
Street # Street Name City State Zip

Previous Employer with-in the last five (5) years: _____
Name

Address of previous Employer: _____
Street # Street Name City State Zip

Have you every been convicted of any crime or offense not a minor traffic violation? ___ Yes/___ No

If so, by whom? _____ Date: _____

Court of Disposition? _____ For what Charges? _____

Are you a registered sex offender in New York State or any other territory in the United States?

___ Yes ___ No Where? _____

APPLICANT #4

Name: _____ Date of Birth: _____
First Middle Last Month Day Year

Address: _____
Street # Street Name City State Zip

U.S. Citizen: ___ Yes ___ No Years of Residence in the Town of Evans: _____

Previous Address with-in the last five (5) years: _____
Street # Street Name City State Zip

Previous Employer with-in the last five (5) years: _____
Name

Address of previous Employer: _____
Street # Street Name City State Zip

Have you every been convicted of any crime or offense not a minor traffic violation? ___ Yes/___ No

If so, by whom? _____ Date: _____

Court of Disposition? _____ For what Charges? _____

Are you a registered sex offender in New York State or any other territory in the United States?

___ Yes ___ No Where? _____

Who is to have actual charge of the business? _____ Date of Birth _____
First Middle Last Mo/Day/Year

Address _____
Street # Street Name City State Zip

Name of Owner of Premises?

First Middle Last Date of Birth M/Day/Year Street # Street Name City State Zip

Have any of the applicants above named, whether alone or with someone else previously been engaged as owner or employee in conducting a saloon, cafe', hotel or other business of a similar nature where intoxicating liquors were sold? ___ Yes ___ No

If so, when, where and how long? _____

Is this establishment now licensed to sell intoxicating liquors by the Alcoholic Beverage Control Board?
___ Yes ___ No Give present alcoholic license number, if any _____

If yes, circle the kind of license: Restaurant /Hotel/Summer Only/Club/Off-Premises/Store

Is business to be conducted in connection with any other business? ___ Yes ___ No

If so, state nature _____

State of New York
County of Erie SS
Town of Evans

I/We, the undersigned applicant or applicants for a Town of Evans, do hereby declare and swear that the foregoing statements are true to be the best of my/our knowledge and belief; and if a license is granted pursuant to this application, that I/We will comply with the laws of the State of New York, the rules, regulations and codes of the State and Federal governments relating thereto, and the ordinances of the Town of Evans governing such operations.

Applicant #1 _____
First Middle Last Signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public, Erie County, New York

Applicant #2 _____
First Middle Last Signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public, Erie County, New York

Applicant #3 _____
First Middle Last Signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public, Erie County, New York

Applicant #4 _____
First Middle Last Signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public, Erie County, New York

APPROVED/DENIED Date _____

Signature of the Chief of Police

Documentation required: Current Erie County Health Department Permit: yes/no Exp Date _____
Current Workers Comp/Disability _____ Not Required _____
Town Board Approval _____ License # _____
Issue Date _____