

APPLICATION FOR A GAME ROOM LICENSE

FEE: \$ _____

TO: TOWN CLERK, TOWN OF ROTTERDAM, NEW YORK

FROM:

Name _____

Address _____

If a firm, corporation, partnership or association, list principal officers thereof and their addresses and telephone numbers below:

NAME PRINCIPAL OFFICERS	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LOCATION OF GAME ROOM _____

CHARACTER OF BUSINESS CARRIED ON AT SUCH PREMISE IF USED OTHER THAN EXCLUSIVELY AS A GAME ROOM. _____

THE NAME AND ADDRESS OF THE REGISTERED AGENT, IF ANY, OF THE APPLICANT UPON WHOM SERVICE OF PROCESS IS AUTHORIZED.

Name: _____ Address: _____

THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE MANAGER, IF ANY, OF THE APPLICANT, WHO SHALL BE IN CHARGE OF THE APPLICANT'S GAME ROOM IN THE TOWN OF ROTTERDAM.

Name: _____ Address: _____

Telephone No. _____

NUMBER OF AMUSEMENT GAMES AT SAID LOCATION _____

FLOOR SPACE SIZE OF AMUSEMENT GAME AREA _____

Pursuant to the rules, regulations and other conditions described in Resolution # 71-82 (1982), Local Law No. 3 of the Year 1982 of the Town Board of the Town of Rotterdam, the undersigned swears that the information contained in the application is complete, accurate and truthful to the best of his knowledge and belief, and hereby applies for a Game Room License for the above-described establishment.

DATED: _____

(Please print)

Name of Applicant: _____

Home Address: _____

Date of Birth: _____

Phone No.: _____

Signature of Applicant: _____

Date Submitted to Building Inspector: _____

Premises: (approved) (denied)

Building Inspector

Eunice O. Esposito, Town Clerk

Date Rec'd from Building Inspector: _____