



Dear Licensee Applicant:

Attached is your cabaret license application. All businesses that fit the below description and have a business license with the Village, must now possess a license for such as of January 17, 2012. You can access our website at www.villageofhempstead.org and go to CODE BOOK Chapter 103, for any other information you may need regarding this 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."

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

You can also contact me through email at nbonilla@villageofhempsteadny.gov. This is the best way to contact me.

Once the business passes all inspections and is approved by the Board of Trustees, a license will then be issued. Your business license fees are non-refundable.

All applications must be signed and notarized.

Village of Hempstead

99 James A. Garner Way, Hempstead, New York 11550

Phone: (516) 478-6392 Fax: (516) 478-6711

Application for: CABARET LICENSE

(In Accordance with Section 103-1.2 of the Village Code)

Capacity in Persons: _____

Copies to Board on: _____

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

Applicant must attach copy of Driver's License or other photo ID & SLA License, to application

Applicant phone number: _____

APPLICATION FOR CABARET:

_____ hereby applies for a Cabaret license, to operate at

_____, Hempstead, New York 11550 to operate under said establishment Doing Business as

_____ and makes the following statements in furtherance of such application:

(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**)

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.

If applicant is a partnership:

(Furnish for each applicant)

<u>Full Name</u>	<u>Date of Birth</u>	<u>Residence Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If applicant is a Corporation:

<u>Full Name</u>	<u>State/Date of Incorporation</u>	<u>Principal Place of Business</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If a foreign corporation, has a certificate of authority to do business in this State been obtained? YES ___ NO ___

If yes, state certification date _____ Registration No. _____

Prepare following schedule for all Officers, Directors, and any Stockholders:

<u>Full Name & Title</u>	<u>Date of Birth</u>	<u>Residence Address</u>	<u>%Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State the name and address of each person, firm, or corporation entitled to a share of the income or profits of, or who has an interest in the business to be licensed. If none, so state.

<u>Full Name</u>	<u>Address</u>	<u>Details of Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date and place of filing of Certificate of Trade Name: _____

State name, address and nature with respect to each concessionaire, if applicable:

<u>Name</u>	<u>Address</u>	<u>Nature and Type of Concession</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

Applicant is Owner: ___ Tenant: ___ Contract Vendee: ___ of location of operation.

If Applicant is other than Owner, indicate Owner's name and address.

Name: _____ Address: _____ Phone: _____

If Tenant, is lease written or oral: _____

Date of Lease: _____ Expiration of Lease: _____

LICENSE INFORMATION:

Is any public assembly license now in effect for this premise or part thereof? Yes ___ No ___

If yes, state name and license number. _____

Has this license ever been suspended or revoked? Yes ___ No ___ If yes, give dates. _____

Has Applicant had any licenses suspended or revoked? Yes ___ No ___ If yes, give details.

Is any license under the Alcohol Beverage Control Law now in effect in the name of the Applicant?

Yes ___ No ___ If yes, date the license was granted: _____

License Number: _____

Is an application for a license under the Alcohol Beverage Control law now pending in the name of the applicant?

Yes: ___ No: ___ if so, give date of application: _____

Are other licenses or permits required for operation? If so why whom _____

If so, list licenses so far obtained: _____

Is business (for which application is sought) currently operating? Yes ___ No ___

Date of Commencement if yes _____ Has a Certificate of Occupancy been issued for the building? Yes ____ No ____

If Applicant does not reside in the Village of Hempstead, please complete the following:

I hereby designate _____ of _____
(Name of Natural Person) (Residence or place of business located within the Village)

as agent to accept service of any notices or summonses on behalf of Applicant.

The applicant hereby agrees that all other papers filed in support of this application by any person having any interest direct or indirect, either in the premises or in the business to be licensed, for any license or permit, shall be deemed and made a part hereof and considered by the Board of Trustees of the Village of Hempstead in acting upon this application.

I further agreed to report to the Village Clerk any change of fact within ten (10) days of change.

State of New York)

SS: **If Individual**

County of Nassau)

I, _____ being duly sworn, depose and say that deponent is the applicant above named and that deponent has read the foregoing application and knows the contents thereof and that the same is true to deponent's own personal knowledge.

Signature _____

Print Name _____

Sworn to before me this ____ day of _____.

(Notary Public)

State of New York)

SS: **If Partnership**

County of Nassau)

I, _____ being duly sworn, deposes and says that deponent is the
_____ of _____, the Partnership named in the above application and
that deponent has read the foregoing application and knows the contents thereof and that the same is true to
deponent's own personal knowledge.

Signature _____

Print Name _____

Sworn to before me this ____ day of _____.

Notary Public

Notary seal, stamp, or office

State of New York)

SS: **If Corporation**

County of Nassau)

On the ____ day of _____ in the year _____ before me personally came _____
to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in
_____ (if the place of residence is in a city, include the street and
street number, if any, thereof); that he/she/they is (are) the (president or other officer or director or attorney in fact
duly appointed) of the (name of corporation), the corporation described in and which executed the above instrument;
that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

Corporate Seal

Signature of person taking Acknowledgement

Notary seal, stamp, or office