City Clerk
Phone (518) 279-7134
Fax (518) 270-4639

THE CITY OF TROY

Office of the City Clerk
433 River Street, Suite 5001
Troy, NY 12180

Pursuant to § 120 Code of Ordinances

LICENSE TO OPERATE A COMMERCIAL AMUSEMENT

Applicant(s) Information

1. Name(s) of Applicant(s): _____
2. Address: _____
3. Social Security Number: _____ - _____ - _____
4. Phone #: _____

Premises Information

1. Address of Premises: _____
2. Describe the character of the business carried on at the premises if used other than exclusively as a commercial amusement facility.

_____

_____

Registered Agent Information **(If any registered agent of the applicant upon whom service of process is authorized to be made)**

1. Name: _____
2. Address: _____

Persons in charge of Commercial Facility

1. Name: _____
2. Address: _____
3. Social Security Number: _____ - _____ - _____
4. Phone #: _____

Has Anyone Listed on this Application ever been Arrested **(the fact of conviction in any jurisdiction of any offense which, under the laws of NYS, constitutes a crime as defined in the Penal Law with a full disclosure of the nature of the offense, time and place of commission, legal proceedings and penalty imposed.)**

_____

_____

Description of Facility

1. Floor Area: _____
2. # of Commerical Amusement devices: _____

Owners of Business Premises

1. Name of owner of premises: _____
2. Owners address: _____
3. Nature of the right of occupancy and use: _____

ALL ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
I hereby authorize the Troy Police Department to make a search to determine whether any of the individuals named in this application have been convicted of a felony.

Signature: _____ Date: _____

License Fee Check enclosed: $ _____ Chk #: _____

Approved by:

Police Chief _____ Date: _____

Fire Chief _____ Date: _____

Code Enforcement _____ Date: _____

City Clerk: _____

Date License Issued: _____

Revised 8/25/2010