

APPLICATION FOR TOWN OF EVANS LICENSE(S) FOR 20_____

Circle each type of license applying for: Refreshment - Amusement - Live Band

\$25.00 PER application type circled.

(\$10.00 late fee PER application type circled if received and/or postmarked January 1, 2011 or later)

1 type checked = \$25.00, 2 types checked = \$50.00 or 3 types checked = \$75.00

All fees are NON-REFUNDABLE.

PLEASE PRINT OR TYPE.

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

Doing Business As: _____ Phone # to contact: _____

Location of Premises: _____
Street # Street Name City Zip

Mailing Address: _____
PO Box # OR Street # Street Name City State Zip

Is the applicant 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 Date 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 ever 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? _____

Town Clerk's Office Use Only.
Date Pd _____
Total Fee Pd _____

APPLICANT #2

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

Address: _____ City
Street # Street Name
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: _____ City
Street # Street Name
State Zip

Have you ever 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: _____
Month First Middle Last
Date Year

Address: _____ City
Street # Street Name
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: _____ City
Street # Street Name
State Zip

Have you ever 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: _____
Month First Middle Last
Date 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: _____
City State Zip Street # Street Name

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

Have you ever 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? _____
Last First Middle

Name of Owner of Premises? _____
First Middle Last Street # Street Name
City State Zip

Date of Birth for Owner of Premises: _____
Mo/Date/Year

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 _____

