

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

CITY OF YONKERS  
STORAGE WAREHOUSE  
LICENSE APPLICATION

Phone: 914-377-3000  
Fax: 914-377-6811  
Website:  
www.YonkersNY.gov

**INSTRUCTIONS FOR USING THIS FORM**

**Please Note:**

**If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.**

1. Application and Police Department Affidavit must be signed by the applicant before a Notary Public.
2. If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk (995-2000) of Westchester County must be provided. If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted.
3. Application must be submitted with a \$10,000 License/Permit Bond, executed by a duly authorized Surety Company, and made payable to the City of Yonkers.
4. Applicant must return all required documents to the Office of Licensing/Consumer Protection, who shall forward application to the Yonkers Fire Department and Department of Housing and Building.
5. Applicant, if individual, must provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
6. Application must be submitted with a copy of each establishment's rental agreement.
7. Please make checks payable to the City of Yonkers.

**LICENSING FEES AND EXPIRATION DATE**

A non-refundable application fee of \$25, plus  
\$590.00 for the first warehouse and \$300.00 for each additional warehouse.  
License expires December 31st, following date of issuance.

**INFORMATION FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS**

NAME	ADDRESS	SOCIAL SECURITY #	PHONE #

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Mike Spano, Mayor  
Kerry O'Brien Hess, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Owners Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Are you a citizen of the United States?

If not, please provide a copy of your INS A Card and #:

Name of Business (if incorporation, please state): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever been arrested or convicted of a crime?

If yes, explain:

Total number of warehouses at location: \_\_\_\_\_

Is property owned or leased by applicant? \_\_\_\_\_

If leased, give name(s) and addresses of owner(s): \_\_\_\_\_

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I, \_\_\_\_\_, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature/Date: \_\_\_\_\_ Print name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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Mike Spano, Mayor  
Kerry O'Brien Hess, Director



**City of Yonkers**  
**POLICE DEPARTMENT**  
104 South Broadway  
Yonkers, New York 10701  
377-7235

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER ) SS:  
CITY OF YONKERS )

I, \_\_\_\_\_,

Being duly sworn, depose and state that I am \_\_\_\_\_ years of age, being born on the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the City/Town/Village of \_\_\_\_\_  
\_\_\_\_\_, in the State of \_\_\_\_\_.

I presently reside at \_\_\_\_\_,  
in the City/Town/Village \_\_\_\_\_,  
State of \_\_\_\_\_, with my \_\_\_\_\_.

I am presently employed as a \_\_\_\_\_,  
by \_\_\_\_\_.

I do hereby solemnly swear under oath that I have never been arrested or convicted of  
any crime, anywhere or at any time.

I make this statement with full knowledge that if same is not the truth, I will be liable  
to the criminal charge of perjury for giving false information.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_