

87 Nepperhan Ave
 Room 212
 Yonkers, NY 10701

CITY OF YONKERS
BOWLING ALLEY
LICENSE APPLICATION

Phone: 914-377-6808
 Fax: 914-377-6811
 Website:
 www.YonkersNY.gov

Individual

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.

Name of Bowling Alley: _____ Location: _____

Applicant is: Individual Firm Partnership Corporation

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 #

Have you ever been arrested or convicted of a crime?

If yes, explain:

Address: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

List below the name, addresses, and phone numbers of supervisors in attendance at the Bowling Alley:

Name	Address	City, State, Zip	Phone

LICENSING FEES AND EXPIRATION DATE

\$400.00/term License expires December 31st following date of issuance.

License #: _____ Date Issued: _____

Mike Spano, Mayor
 Kerry O'Brien Hess, Director

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Partner or Corporation

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.

Name of Bowling Alley: _____ Location: _____
Applicant is: _____ Individual _____ Firm _____ Partnership _____ Corporation

FOR PARTNERSHIP: Provide the following information for each partner.

Name	Address	Social Security #	Telephone #	Date of Birth

FOR CORPORATION

Name of Corporation: _____
Date of Incorporation: _____ State in Which Corporation was Organized: _____
Is Corporation authorized to do business in the State of New York? _____
Names and Business Addresses of Office Managers, in Charge, and Directors:

Name	Address	Social Security #	Telephone #

LICENSING FEES AND EXPIRATION DATE

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License #: _____ Date Issued: _____

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Kerry O'Brien Hess, Director

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FOR INDIVIDUAL

Signature

Affadavit:
State of New York
County of _____
City of _____

On the _____ day of _____, 20__, before me personally came _____ and known to me to be the individual described in, and who executed the foregoing instrument, and acknowledge to me that he had executed the same.

Notary Public
Commissioner of Deeds

FOR PARTNERSHIP OR CORPORATION

Signature

Affadavit:
State of New York
County of _____
City of _____

On the _____ day of _____, 20__, before me personally came _____ to me known, who being by me duly sworn, did depose and say that he resides in _____ that he is the _____ of _____, the corporation described in, and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by the order of the Board of said corporation, and that he/she signed his/her name thereto to be like ordered.

Notary Public
Commissioner of Deeds

Mike Spano, Mayor
Kerry O'Brien Hess, Director