

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
MOTION PICTURE THEATRE
LICENSE APPLICATION

Phone: 914-377-6808
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 must be signed by the applicant before a Notary Public.
2. Applicant must provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
3. Theatres which children may attend: \$50.00 per theatre.
4. Fee Schedule: For motion picture Theatre fee schedule for admission of license (based upon seating capacity).

350 or less	\$400
over 350 and less than 700	\$450
over 700 and less than 1,000	\$550
over 1,000 and less than 1,500	\$700
over 1,500 and less than 2,000	\$850
over 2,000 and over	\$1,000
5. There is a \$125.00 fee for inspection for each screen payable to the Department of Building and Housing located at 87 Nepperhan Avenue, Yonkers, NY, 10701.
6. Must submit a Liability Certificate with the City of Yonkers listed as Certificate Holder and Additional Insured.

LICENSING FEES AND EXPIRATION DATE

\$50.00/theatre (plus fee based on seating capacity)
License expires March 1st following date of issuance.

Mike Spano, Mayor
Kerry O'Brien Hess, Director

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Motion Picture Theatre and Admission of Children to Theatre

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 Theatre:

Applicant is: Individual 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:

Business Address: State: Zip:

Business Telephone #: E-mail:

Name of Corporation: Date of Incorporation:

State in which corporation organized:

Is corporation authorized to do business in New York State? Yes No

Name and address of premises to be licensed:

License #: Date Issued:

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Is property ___owned ___leased by applicant.

If leased, give names and addresses of owners:

NAME	RESIDENTIAL ADDRESS	PHONE #

Number of : ___Theatres ___Floors ___Square Feet on Premises

List below the name and seating capacity of each theatre in the premises to be licensed:

THEATRE NAME	SEATING

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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true, and that the photographs attached hereto were taken within thirty (30) days of the date of this application.

Signature/Date: _____ Print name: _____

Notary Public

The undersigned hereby makes application for a license to operate a theatre/motion picture theatre in the City of Yonkers:

Name of Premises	Address	(Yonkers, NY) Zip Code
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In the City of Yonkers, New York, which premises complies with all Codes, Ordinances, and Statutes, pertaining thereto, subject to all of the provisions of law, and of Chapter 24 of the Ordinances of the City of Yonkers, New York, and amendments thereto, and it is hereby expressly agreed that the owner and lessee of the premises shall be responsible for any violation of law of the provisions of the code of the City of Yonkers and any other applicable provisions of law.

Name of Applicant	Address
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Mike Spano, Mayor
Kerry O'Brien Hess, Director