

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
CONSUMER PROTECTION BUREAU
BOWLING ALLEY LICENSE

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

APPLICATION REQUIREMENTS

Pursuant to the provision of the City Code of Yonkers,
All required documents must be submitted with the completed application.
Missing items will result in the delay and/or denial of the application

1. Application signed by the applicant before a Notary Public.
Applicant must be an owner, partner or officer of the business.
2. Certificate of Occupancy listing current Corporation and/or Tenant.
To obtain Certificate or apply for Change of Tenant contact Dept. of Housing and Buildings.
3. Valid State Driver's License issued by the Department of Motor Vehicle.
If you do not have Driver's License, a Dept. of Motor Vehicle State ID Card is required.
4. Owner Affidavit completed by the **owner of premises/building** before a Notary Public.
5. Certificate of Liability Insurance (One Million Dollar Policy) listing the City of Yonkers as Additional Insured and Certificate Holder.
6. Proof of business name:
Business Certificate, Partnership Certificate or Articles of Incorporation.
7. Department of Housing and Buildings Inspection Report with Listed Documents.

LICENSE FEE, TERMS AND EXPIRATION DATE

1. \$400.00 License Fee; NON-REFUNDABLE.
Payable to the City of Yonkers; *Certified Business Check OR Money Order*
2. City of Yonkers Department of Housing and Buildings and the Yonkers Fire Department will conduct an inspection prior to License issued and business operating.
3. Certificate of Occupancy will not be accepted without the current Corporation and/or Tenant listed. A Change of Tenant must be applied with the Dept. of Housing and Buildings prior to submitting Bowling Alley application.
4. License expires December 31st following date of issuance and will not be prorated or transferable.

Mayor Mike Spano
Director Kerry O'Brien Hess

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COMPANY INFORMATION FORM

Phone 914-377-6808
Fax 914-377-6811
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You must list EACH additional owner, partner and officer involved with the company:
(use additional sheets, if necessary) *If none, initial here: _____

Name: Title: SS#:

Home Address:

Name: Title: SS#:

Home Address:

Name: Title: SS#:

Home Address:

Name: Title: SS#:

Home Address:

Name: Title: SS#:

Home Address:

You must list ALL unsatisfied judgments in which the applicant, partner(s) or officer(s) are named
as judgment debtor:
(use additional sheets, if necessary) *If none, initial here: _____

Judgment Debtor	Judgment Creditor	Disposition / Court	Date

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PREMISES/BUILDING OWNER AFFIDAVIT
Consent to Operate a Bowling Alley

IN THE MATTER OF: _____,
APPLICANT'S NAME

APPLICANT FOR LICENSE TO OPERATE A BOWLING ALLEY AT:

BUSINESS NAME

ADDRESS

STATE OF NEW YORK)
COUNTY OF _____) :SS

I, _____, being duly sworn depose and say that:
PREMISES/BLDG. OWNER

_____ is the owner of the land and
PREMISES/BLDG. OWNER/CORP NAME

improvement located at the address named above where the Bowling Alley is to be operated. The deponent individually, as such owner, or on behalf of said corporation as its duly authorized officer and managing agent, hereby consents that the applicant named above may maintain a Bowling Alley, until said consent is terminated in writing and a copy of such termination is transmitted by certified mail, return receipt requested, to the Consumer Protection Bureau. Deponent warrants that he or she is authorized to make this affidavit and the statements and representations contained herein.

Signature of Premises/Building Owner Date

SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20____

Mayor Mike Spano
Director Kerry O'Brien Hess

NOTARY

87 Nepperhan Ave
5th Floor
Yonkers, NY 10701

CITY OF YONKERS
DEPARTMENT OF HOUSING AND BUILDINGS Phone: 914-377-6500
INSPECTION REPORT

The Consumer Protection Bureau will not accept Applications without completed Inspection Report and Applicable documents must be attached.

For Information Contact Dept. of Housing and Buildings: (914) 377- 6500

Block/Lot:

Name of Business:

Address:

Yonkers, NY

Zip Code:

Name of Applicant:

Contact(#):

Email:

Type of Business:

1. CERTIFICATE OF OCCUPANCY

Was Certificate of Occupancy issued in your Business/Tenant Name?

- YES. If YES, attach current Certificate of Occupancy.
- NO. If NO, a CHANGE OF TENANT must be filed with Dept. of Housing and obtained prior to submitting application/renewal with Consumer Protection.

2. BACK FLOW PREVENTER DEVICE

Is there a Backflow Preventer Device installed at Location?

- YES. If YES, attach the annual DOH-1013 test report.
- NO.

3. FIRE SPRINKLER SYSTEM

Is there a Fire Sprinkler System installed at Location?

- YES. If YES, attach the annual NFPA-25 Sprinkler test report.
- NO.

4. FIRE ALARM SYSTEM

Is there a Fire Alarm System installed at Location?

- YES. If YES, attach annual NFPA Fire Alarm test report and monitoring agreement.
- NO.

5. EMERGENCY LIGHTS AND ILLUMINATED EXIT

Are Emergency lights and illuminated Exit signs Installed?

- YES. If YES, attach licensed Electricians' notarized report on Electricians' letterhead.
- NO. If NO, licensed Electrician must file Electrical Permit to install lights with Building Dept. prior to submitting application with Consumer Protection.

6. EXTERIOR SIGN

Is there an Exterior Sign?

- YES. If YES, attach current Sign Permit.
- NO.