



Gerald D. Jennings
Mayor

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Nala R. Woodard
City Clerk

APPLICATION FOR AMUSEMENT DEVICE LICENSE

(New and Renewal)

Please answer all questions completely and accurately. An incomplete application will not be processed. Licenses are good from January 1 thru December 31 of each year, and must be renewed prior to December 31st in order to continue operation. A **non-refundable** fee per machine per year shall be submitted with the application. The fees are as follows:

\$70.00 per machine – Full Year \$55.00 – Less than Full Year \$40.00 Less than Half Year

The license must be posted within public view at each location and is not transferable. For any amusement device manufactured or otherwise produced on the after July 1, 1994, documentation of the video rating, in any, of each and every such device, shall be placed on the premises. If this is a not-for-profit corporation, verification of status must be attached. If the establishment has a New York State Liquor License, verification of a valid license must accompany this application. Establishments containing more than eight (8) devices (Game Rooms) are allowed only in C-2 and C-3 Zone Districts and require a Special Use Permit. All new applicants for Game Rooms which involve construction, reconstruction, alteration or remodeling must file an application for a City Zoning and Building Permit and have completed that process prior to device licenses being issued.

Name under which business will be conducted: _____

Name of person filing application: _____

Applicant's date of Birth: _____ Applicants Social Security Number _____

Applicants Business Address: _____

City: _____ State: _____ Zip Code: _____

Business telephone number: _____ Fax number: _____

Address where devices will be located: _____

City: _____ State: _____ Zip Code: _____

Telephone Number where devices are located: _____

What are the maximum number of amusement devices in the establishment: _____
(NOTE: Following the issuance of this license, permission must be obtained from the City Clerk prior to the addition of any devices and additional fees must be paid.)

Will these devices be operated in connection with any other kind of business? Yes No
If yes, please provide a full description of the character of any other business on the premises. Attach additional documents, if necessary. _____

Name of facility manager where devices are located: _____

Address of Manager: _____

City: _____ State: _____ Zip Code: _____

Name of distributor where devices were obtained: _____

Name of registered agent: _____

Address of agent: _____

City: _____ State: _____ Zip Code: _____

Telephone number of agent: _____

Has anyone associated with this application ever had a license to operate amusement devices or operate a game room revoked? Yes No If yes, provide details. Attach additional documents, if necessary. _____

I affirm that the statements made in this application and all accompanying documents are complete and accurate and that I have provided all the information that has been requested.

Signature of Applicant

Date of Application