

**APPLICATION for a COMMERCIAL AMUSEMENT LICENSE**

NAME of EVENT (Please Print) \_\_\_\_\_ OPEN to PUBLIC (Dates/Times) \_\_\_\_\_

SET-UP/DISMANTLE/DEPARTURE: DATES and TIMES: \_\_\_\_\_

LOCATION OF EVENT/OWNER/CONTACT INFO: \_\_\_\_\_

MUSIC (other than from rides) – YES \_\_\_\_ NO \_\_\_\_ PLAYING TIMES: \_\_\_\_\_

**SPONSORING ORGANIZATION/COMPANY NAME (Applicant)/ADDRESS:** \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

- a. If applicant is a Partnership, attach all partners and their place of residence, or if applicant is a Corporation, attach the names of the president, secretary, treasurer and managing agent and their addresses.
- b. Is a State License required for this trade or occupation? \_\_\_\_ Do you presently have a license issued by the State of New York in force for this trade or occupation? \_\_\_\_ State License No. \_\_\_\_ Expiration Date: \_\_\_\_
- c. Has your State License ever been suspended or revoked? \_\_\_\_
- d. Has the applicant, if an individual, or any of the applicants, if a partnership, or a Corporation, or any officers stockholders, directors, or managing agents thereof ever been Convicted of a felony? \_\_\_\_ if yes, give attach details

**AMUSEMENT RIDES VENDOR (Name/Address/Contact Info):** \_\_\_\_\_

HOW MANY RIDES \_\_\_\_ TYPE OF RIDES (attach list) MUSIC FROM RIDES YES – NO PLAYING TIMES: \_\_\_\_\_

**REQUIREMENTS:**

- 1 Required license fee -Certified check, bank check or money order payable to the ***Town of Orangetown..***
2. Insurance Policy for Liability, in the amount of **\$1,000,000**, with the ***Town of Orangetown*** as Certificate Holder.
3. Restoration of property – certified check or bond, in the amount of **\$1,000.00**, issued by any surety company authorized to execute such bonds in the State of New York.
4. A statement, granting permission to the applicant to use the property, signed and dated, from the owner of the Property.
5. A plan of the site with the location of all rides, booths, enclosures tents, and parking of trailers and trucks.

Any false answer or statement made by the applicant constitutes perjury and will be subject any license issued hereunder to revocation.

I, \_\_\_\_\_, declare under the penalty of perjury that all of the foregoing  
(Print) statements are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

**Secure approval of this application from the following departments before returning to the Town Clerk:**

**R.C HEALTH DEPARTMENT:** \_\_\_\_\_  
TEL: (845) 364 - 2512                      Name (Print)                      (Signature)                      Date

**NYS LABOR DEPARTMENT:** \_\_\_\_\_  
TEL: (914) 997-9509                      Name (Print)                      (Signature)                      Date  
Amusement Ride Inspection Date: \_\_\_\_\_

**BUILDING DEPARTMENT:** \_\_\_\_\_  
Name (Print)                      (Signature)                      Date

**ORANGETOWN FIRE PREVENTION BUREAU:** \_\_\_\_\_  
Name (Print)                      (Signature)                      Date

**ORANGETOWN POLICE:** \_\_\_\_\_  
Name (Print)                      (Signature)                      Date

**THE COMPLETED APPLICATION IS TO BE SUBMITTED TO THE TOWN CLERK'S OFFICE  
FOR THE PERMIT.**