

# COMMON SHOW AMUSEMENT DEVICES LICENSE APPLICATION

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## PROPERTY OWNER INFORMATION

Name:			Date:	
Current Address:		City:	State:	Zip:
Date of Birth:	Phone:	E-mail	Drivers License #:	

## BUSINESS / ORGANIZATION INFORMATION

Name:				
Address:		City:	State:	Zip Code:
Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/>				

## LIST OF OFFICERS

Name & Address:	Title	Phone:
Name & Address:	Title	Phone:
Name & Address:	Title	Phone:
Name & Address:	Title	Phone:

## LOCATION OF COMMON SHOW

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## DATE(S) & HOURS OF EVENT (OPERATION)

Date(s):	16 88	<i>Note: <b>ONLY VALID FOR NO MORE THAN TWO CONSECUTIVE WEEKS</b></i>
Hours of Operation of Devise:		

## TYPES OF AMUSEMENT DEVICES AND/OR BOOTHS


## INSURANCE INFORMATION

Name of Carrier:	Address:	City/State/Zip
Business <input type="checkbox"/> Amt of Coverage:		Devise <input type="checkbox"/> Amt of Coverage:
A minimum of \$2,000,000 liability with an endorsement and certificate naming the City of New Rochelle and the property owner as additional insured.		

## AFFIDAVIT

AN AFFIDAVIT SWORN TO BY THE MANAGER, OWNER AND OPERATOR OF THE AMUSEMENT DEVICES ABOVE DESCRIBED CERTIFYING TO COMPLIANCE WITH NEW YORK STATE LABOR LAW ARTICLE 27 SECTIONS 870A-M AND 12 NYCRR PART 45 MUST BE SUBMITTED PRIOR TO ISSUANCE OF COMMON SHOW LICENSE.  
PLEASE CONTACT NYS DEPARTMENT OF LABOR, DIVISION OF SAFETY AND HEALTH, INDUSTRY/INSPECTION BUREAU FOR SWORN AFFIDAVIT TO ACCOMPANY THIS APPLICATION.

## SIGNATURES

I hereby apply for a common show license, and bind myself and my principal to the due observance of all laws and regulations governing same in the City of New Rochelle and further certify that no judgments for goods or services are outstanding against us.

Signature of applicant:	Date:
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## NOTARY OR COMMISSIONER OF DEEDS

Sworn and Subscribed to Before Me:	Seal:
Address:	
This _____ day of _____, 20_____	

# COMMON SHOW AMUSEMENT DEVICES LICENSE APPLICATION

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## DEVICE OPERATOR INFORMATION

Name:			Date:	
Current Address:		City:	State:	Zip:
Date of Birth:	Phone:	E-mail	Drivers License #:	

## BUSINESS / ORGANIZATION INFORMATION

Name:			
Address:		City:	State: Zip Code:
Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/>			

## LIST OF OFFICERS

Name & Address:	Title	Phone:
Name & Address:	Title	Phone:
Name & Address:	Title	Phone:
Name & Address:	Title	Phone:

## LOCATION OF COMMON SHOW

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## DATE(S) & HOURS OF EVENT (OPERATION)

Date(s):	16 88	Note: <b><u>ONLY VALID FOR NO MORE THAN TWO CONSECUTIVE WEEKS</u></b>
Hours of Operation of Devise:		

## TYPES OF AMUSEMENT DEVICES AND/OR BOOTHS


## INSURANCE INFORMATION

Name of Carrier:	Address:	City/State/Zip
Business <input type="checkbox"/> Amt of Coverage:		Devise <input type="checkbox"/> Amt of Coverage
A minimum of \$2,000,000 liability insurance with an endorsement and certificate naming the City of New Rochelle and the property owner as additional insured.		

## AFFIDAVIT

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Signature of applicant:	Date:
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## NOTARY OR COMMISSIONER OF DEEDS

Sworn and Subscribed to Before Me: Address: This _____ day of _____, 20_____	Seal:
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**COMMON SHOW/AMUSEMENT DEVICE  
LICENSE APPLICATION**

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*NOT MORE THAN ONE (1) COMMON SHOW LICENSE SHALL BE GRANTED FOR ANY GIVEN PROPERTY IN ANY GIVEN CALENDAR YEAR, AND EACH SUCH LICENSE SHALL BE EFFECTIVE FOR NOT MORE THAN TWO (2) CONSECUTIVE WEEKS.*

**CITY OF NEW ROCHELLE AUTHORIZATIONS**

**1. Risk Manager**

I have investigated the insurance policy and certificate of the foregoing property / organization and they comply.

Signature	Date
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**2. CORPORATION COUNSEL**

I have examined the application and public liability insurance policy covering the business and naming the Owner and the City of New Rochelle as additional insured with the endorsement and minimal coverage of \$2,000,000

Signature	Date
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**3. BUILDING DEPARTMENT**

I have examined the location designated and it conforms to our Zoning Regulations. The equipment herein described has been inspected by the New York State Department of Labor. An affidavit attesting to this inspection and approval is on record in the Bureau of Buildings or the City of New Rochelle.

Signature	Date
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**4. FIRE DEPARTMENT**

I have examined the location described in this application and certify that it complies with the requirements of the Bureau of Fire for the safety of persons using this device.

Signature	Date
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The foregoing application is approved, and the City Clerk is hereby directed to issue a Common Show License for a fee of \$120 as provided in the Code of the City of New Rochelle, NY.

**City Clerk**

Signature	Date
License No.	Receipt No.
License Fee: \$120.00	Expiration Date:

(City Seal)

**AFFIDAVIT ATTACHED TO  
APPLICATION FOR COMMON SHOW LICENSE  
(AMUSEMENT DEVICES)**

**STATE OF NEW YORK        )**  
**COUNTY OF WESTCHESTER) ss.:**

The undersigned, Manager, Owner and Operator of the Amusement Devices described on the application to which this is attached, certifies that they are and will assemble and operate, in full compliance with the Regulations of the State Labor Department shown in 12 NYCRR, the Official Complications of Codes, Rules, and Regulations of the State of New York, Part 45, as required by Labor Laws, Article 27 Sections 870 – a through 870 – m.

The Undersigned further represents that the location notice required by Sections 45 – 1 through 45 – 4.3 of Part 45 has been given to the Industrial Commissioner of the New York State Department of Labor, as required by said section.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Device(s) Operator

Notary Seal:

