

## COMMON SHOW AMUSEMENT DEVICES LICENSE APPLICATION

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

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

### TYPES OF AMUSEMENT DEVICES AND/OR BOOTHS


### INSURANCE INFORMATION

Name of Carrier:	Address:	City/State/Zip
Business <input type="checkbox"/> Amt of Coverage:	Device <input type="checkbox"/> Amt of Coverage:	
A minimum of \$2,000,000 liability with a 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.**

### NYS SWORN AFFIDAVIT

**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_____	

**FEE: \$130.00**

## COMMON SHOW AMUSEMENT DEVICES LICENSE APPLICATION

### 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:

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

Date (s):	<i><b>Note: 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:	Device <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

**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.**

#### NY STATE AFFIDAVIT

**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: Address: This _____ day of _____, 20_____	Seal:
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**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 assembled and operated, 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: