

GARDEN CITY BUSINESS LICENSE APPLICATION

INSTRUCTIONS: (PLEASE PRINT)

- 1. Complete entire application and any attachments.
- 2. Submit proper fees along with application. See attached fee schedule.
- 3. IF CORPORATION, SUBMIT LIST OF OFFICERS AND EACH OFFICER'S: TITLE, ADDRESS, SOC. SEC. #, DATE/PLACE OF BIRTH
- 4. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

I/We hereby apply for a license for the following purpose (s):

- | | | |
|---|---|---|
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Pawn Shop | <input type="checkbox"/> Massage |
| <input type="checkbox"/> On Premise Beer | <input type="checkbox"/> Pool Table (state #) | <input type="checkbox"/> Card Table |
| <input type="checkbox"/> On Premise Wine | <input type="checkbox"/> Dance | <input type="checkbox"/> Private Patrol |
| <input type="checkbox"/> Off Premise Beer | <input type="checkbox"/> Food & Drink | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Off Premise Wine | <input type="checkbox"/> Second Hand Dealer | <input type="checkbox"/> Escort Bureau/Escort |
| <input type="checkbox"/> Out of Business | <input type="checkbox"/> Pawnbroker | <input type="checkbox"/> Child Care |

Full legal name: _____ Title: _____
 Soc. Sec. #: _____ DOB: _____ Place of birth: _____
 Home Address: _____ City _____ State _____
 Zip: _____ Home Phone: _____

Corporate/Business Name: _____
 Years in Business in Garden City: _____ Years in business @ current location: _____
 Business Address: _____ City: _____ State: _____ Zip _____
 Mailing Address: _____ City: _____ State: _____ Zip _____
 Premise Phone: _____ Headquarters Phone: _____

If going out of business sale: Starting date of sale: _____ Ending date of sale: _____
 Address of sale: _____
 Reason for sale: _____

Have you ever individually, or any partner or officer or director, **EVER** 1) forfeited bail; 2) been arrested; 3) convicted; 4) fined; 5) jailed; 6) placed on probation for any violation of the law; **OR** 7) within the last five (5) years had a similar license revoked? (If any of these events have occurred, this question must be answered "YES" regardless of subsequent court action resulting in dismissal or expungement.) Explain each fully.
 YES ___ NO ___

Date of arrest: _____ Place of arrest: _____
 Offense: _____ Result: _____

I/We have read all of the above and declare under penalty of perjury that each and every statement made is true, correct and complete.

APPLICANT (print name) _____ SIGNATURE: _____
 DATE: _____

***** (For official use only below this line) *****

RECOMMEND: APPROVAL ___ DENIAL ___ CHIEF OF POLICE _____
 DATE: _____
 CITY CLERK _____
 DATE: _____