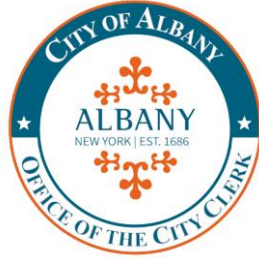


**Accessory Entertainment
License Fee**

3 years - \$250.00



**CITY OF ALBANY
ACCESSORY ENTERTAINMENT
APPLICATION**

INSTRUCTIONS: This application must be completed in full, either typed or printed clearly, and submitted to the City Clerk, City Hall, Room 202, by the owner or tenant of the property for which the Accessory Entertainment license is being requested. Make all checks payable to the City of Albany. If you have any questions, please contact the Office of City Clerk at (518) 434-5090.

This form must be accompanied by a copy of the certificate of occupancy, a copy of the liquor license (if applicable), the maximum certificate of occupancy (the certificate listing the maximum number of people allowed within the applying facility), and documentation stating your Not-For-Profit Status. All fees for the license are due with the application and are non-refundable. All licenses shall run from the date of their issuance for the period of three (3) years.

APPLICANT:

Name of Applicant: _____

Name of Establishment: _____

Telephone Number: _____ E-Mail: _____

Address: _____
(Street) (City) (Zip Code)

Principal Offices (if different from business address): _____

Applicant's Interest in Property (Check One): Owner ☐ Tenant ☐ Other _____
(specify)

Please list a agent that is authorized to act on your behalf: _____

PROPERTY

Name of the Owner: _____

Additional Owner's Name(s): _____ Phone #: _____

Additional Owner's Name(s): _____ Phone #: _____

Address(es): _____

Location of entertainment (indoor/outdoor): _____

Total interior square footage (W x L): _____

Expected number of attendees per event(s) (please check one):

☐ Up to 150 ☐ 151 to 300 ☐ 301 to 500 ☐ 501 or more

Number of events:

☐ 1 ☐ 2 ☐ year-long permit ☐ licensed not-for-profit – up to 10 events

If Not-For Profit, please list the ten dates of use for this calendar year: _____

If temporary license, please list the one or two dates of use: _____

Will alcohol be served? ☐ Yes ☐ No

What type of entertainment will be provided (live band, disc jockey, karaoke, etc) if any?

What are the proposed hours and days of operation?

Mon. _____ Tue. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

What are the proposed hours and days of entertainment?

Mon. _____ Tue. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

What is the proposed number of employees designated for security, during the hours and days of operation?

Mon. _____ Tue. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Does the establishment (listed above) have soundproofing? ☐ Yes ☐ No

If yes, please describe: _____

Does the establishment have additional rooms that are used independently? ☐ Yes ☐ No

If yes, please list the location of each room: _____

I, the undersigned, hereby attest to the accuracy of the information submitted herein, and in the event that this application is approved, I agree to abide by any and all conditions of the license and fully understand my obligations pursuant to Chapter 111 of the Code of the City of Albany.

Applicant's Signature: _____ Date _____ / _____ / _____

DO NOT WRITE ON THIS PAGE

Status and conditions:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.