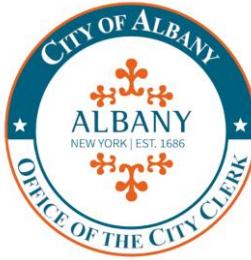


**Accessory Entertainment  
License Fee**

3 years - \$250.00



**CITY OF ALBANY  
ACCESSPRY ENTERAINMENT  
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: \_\_\_\_\_

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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?

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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: \_\_\_\_\_

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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: