

William A. McInerney  
City Clerk  
Phone (518) 270-4541  
Fax (518) 270-4639



Office of the City Clerk  
1776 Sixth Avenue  
Troy, NY 12180

LICENSE  
TO OPERATE A  
COMMERCIAL  
AMUSEMENT

**1. NAME OF THE APPLICANT (S) (Please fill out application section)**

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Owner:** \_\_\_\_\_

**Manager/Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**2. DESCRIBE PREMISES WHERE FACILITY IS LOCATED:**

**Address:** \_\_\_\_\_

**Description/Name:** \_\_\_\_\_

**Floor Space:** \_\_\_\_\_ **# of Amusement Devices:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Owner's of Premises:** \_\_\_\_\_

**Nature of Right of Occupancy:** \_\_\_\_\_

**3. WHO WILL MANAGE FACILITY DURING HOURS OF OPERATION?**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**4. HAVE YOU OR ANYONE WHOSE NAME APPEARS ON THIS APPLICATION EVER BEEN ARRESTED? ( If YES, describe nature of offense; date and place of arrest; legal proceedings; conviction and penalty imposed)**

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**5. THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  
I hereby authorize the Troy Police Department to make a search to determine whether any of the individuals named in this application have been convicted of a felony.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Code Enforcement Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Police Chief Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire Chief Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_ **Date of Issue:** \_\_\_\_\_

X \_\_\_\_\_

**William A. McInerney**  
**Troy City Clerk**

**cc: Police Chief**  
**Fire Chief**

**Mailing Address:**

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