

ADDRESS OF OWNER OF PROPERTY WHERE THE RESTAURANT OR EATING PLACE IS PROPOSED TO BE LOCATED: _____

IF THIS IS A NEW ESTABLISHMENT, IDENTIFY THE NAME AND TYPE OF PRIOR USE OF THE LOCATION PROPOSED FOR THIS ESTABLISHMENT:

Note: pursuant to the Village Code, no premises may be used for a restaurant or eating place unless a conditional use permit has been issued for the location, and an annual license issued for the business.

THIS APPLICATION IS FOR A: _____ RESTAURANT _____ LUNCH COUNTER
_____ ICE CREAM PARLOR _____ COFFEE/TEA ROOM _____ OTHER(Describe) _____

NUMBER OF EMPLOYEES: _____

DAYS OF OPERATION: _____

HOURS OF OPERATION: _____

WILL PREPARED FOOD BE SOLD PRIMARILY FOR CONSUMPTION OFF THE PREMISES? _____

The undersigned applicant hereby states that (a) applicant is familiar with the provisions of the laws, rules and regulations of the Village of Great Neck Estates and the Nassau County Department of Health as they apply to the operation and maintenance of the proposed establishment; (b) all statements made in this application are true and accurate;(c) the applicant is aware that the Village of Great Neck Estates will rely upon the truth and accuracy of the statements contained herein, and (d) the license applied for herein may be revoked in the event there is a material misrepresentation in any statement herein.

Dated: _____ **Signature** _____

Sworn to before me this _____ day of _____ 20_____

Notary Public

DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____ MAYOR _____ BOARD OF TRUSTEES DATE OF APPROVAL: _____

CONDITIONS OF APPROVAL:

Days of operation: _____ Hours of operation: _____

All refuse and garbage to be refrigerated and kept in closed containers, and placed outside for pickup no more than two hours prior to pick up, six days per week.

Rear door must be kept closed at all times, except for authorized ingress and egress.

Filters in vents must be replaced at least every two weeks, unless otherwise stated here: _____

No live music, amplified music, entertainment or dancing, without the express permission of the Board of Trustees.

Property to be maintained and kept clean, and free of loose refuse and debris at all times.

License is not transferable without the permission of the Board of Trustees.

Other Conditions:

Dated: _____ **Mayor** _____

Village of Great Neck Estates

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

All Owners must sign either as owner or applicant

State of New York)

SS:

County of Nassau)

(I)(We), _____ being duly sworn, state:
Print name of deponent

Complete Items #1, 2 or 3 as applicable, then Item #4

- (1) (I am) (We are) the owner(s) of the property described in this application known as _____, and described on the Nassau County Land and Tax Map as Section 2, Block _____, Lot(s) _____.
Address
- (2) If the owner is a corporation, the deponent is an officer thereof, to wit the _____ and is authorized by the Board of Directors of _____ to execute this application on behalf of said corporation.
Title
Name of Corporation
- (3) If the owner is a partnership, the deponent is a general partner of _____ and has authority to execute this application in the name of the partnership.
Name of Partnership
- (4) (I) (We) hereby authorize _____ to submit this application.
Applicant Name

Signature & Title of Deponent

Signature & Title of Deponent

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF

Name of Applicant

Signature & Title of Applicant

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS 'A' MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**