



INCORPORATED VILLAGE OF OCEAN BEACH

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457
TEL: (631) 583-5940 FAX: (631) 583-7597

2017

MARKET/SPECIALTY FOOD STORE LICENSE APPLICATION

DUE DATE: MAY 1, 2017/ANNUAL FEE: \$500.00

APPLICATION NO.: _____ SF

1. Name and Address of Applicant: _____

2. State whether Individual, Partnership or Corporation: _____

3. If Partnership, state names and addresses of all persons having an interest in the business: _____

4. If Corporation, state names and addresses of its officers: _____

5. If Corporation, give names and addresses of each stockholder, together with the number of shares of capital stock held by each: _____

6. Name of Establishment: _____

7. Location of Establishment: _____

8. Names, Addresses and Social Security Numbers of each employee employed by the said establishment, or to be employed: _____

FOR OFFICE USE ONLY

Date Application Received: _____ Fee Paid: \$ _____ Cash Receipt No.: _____

Issued by: _____ Date of Issuance: _____
(Signature of Fire Marshal)

License Number: _____



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AFFIDAVIT

STATE OF NEW YORK
COUNTY OF SUFFOLK
INC. VILLAGE OF OCEAN BEACH

I, _____ being duly sworn, deposes and says:

I am the above named applicant and make this affidavit for the purpose of obtaining from the Incorporated Village of Ocean Beach a license to operate a Market/Specialty Food Store as provided in a law relating to and regulating Market/Specialty Food Store Establishments providing for the licensing thereof, regulating the conduct of persons therein, defining offenses and providing penalties for the violation thereof. I have personal knowledge of matters stated in the foregoing application and statements therein contained are true.

(Signature of Applicant)

(Printed Name of Applicant)

Sworn to before me this

_____ day of _____, 20

(Notary Public)