



**BUREAU OF CODE ENFORCEMENT  
CITY OF SCHENECTADY  
NEW YORK**

**City Hall  
105 Jay Street, Room 17  
Schenectady, NY 12305  
Tele: (518) 382-5050  
Fax: (518) 372-9459**

**PUBLIC AMUSEMENT LICENSE  
REGULAR ENTERTAINMENT  
(MOVIE THEATER AND LIVE ENTERTAINMENT)  
CHAPTER 128**

**FEE: \$150.00 Live Entertainment  
\$200.00 Movie Theater (per projector)**

Business/Organization Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Address: \_\_\_\_\_ Tele: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Relationship to Business/Organization: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Manager: \_\_\_\_\_

Type of Entertainment (please describe): \_\_\_\_\_

Seating Capacity (Theater): \_\_\_\_\_ Number of Projectors: \_\_\_\_\_

**(A) Places of Regular Entertainment**

For each place of regular entertainment (i.e., band, singer, dancing, etc.) \$150.00 per annum or any part of a year. For each theater or each projector of film entertainment \$200.00 per annum or any part of a year, plus \$25.00 for each 50 seats or a fraction thereof exceeding 100 seats.

In signing this license application, the undersigned applicant certifies that all information provided above is true and accurate and that the owner of this building and the undersigned agree to comply with all applicable laws of the City of Schenectady.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



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**PUBLIC AMUSEMENT LICENSE  
REVIEW**

Business/Organization Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Time – START time of event \_\_\_\_\_ AM/PM END time \_\_\_\_\_ AM/PM

Audience Demographic: \_\_\_\_\_

Admission fee: Y /N Provide SALES TAX ID# \_\_\_\_\_

Security Info please provide and attach documentation with Certificate of Business; City of Schenectady as additionally insured.

Event inside/outside: \_\_\_\_\_

Will alcohol be served: Y/N: \_\_\_\_ Is this event open to the public? Y/N: \_\_\_\_  
(Provide copy of liquor license and insurance)

Will there be entertainment (music /DJ./ band etc.) Describe: \_\_\_\_\_

Will food be sold: Y/N: \_\_\_\_ Prepared food/Retail – Resale \_\_\_\_\_

Food prepared or cooking: Provide DOH permit

Method of maintaining food to DOH requirements: \_\_\_\_\_

Need to contact Department of Health

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\_\_\_\_\_  
Date

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Signature of Applicant