



INCORPORATED VILLAGE OF OCEAN BEACH

POST OFFICE BOX 457
OCEAN BEACH, NEW YORK 11770-0457
TEL: (631) 583-5940 FAX: (631) 583-7597
www.villageofoceabeach.org

STATE OF NEW YORK
COUNTY OF SUFFOLK SS:

I, _____, the undersigned, being duly sworn, deposes and says as follows:
(Insert Name)

1. I am the Owner/Operator of the establishment named _____ that operates at the premises located at _____ Ocean Beach, NY.
(Insert Address)
2. I have applied for a ☐ Dining & Dancing ☐ Market/Specialty Food Store ☐ Restaurant ☐ Hotel /Rooming House (select one) License to operate my establishment at this location for calendar Year(s) 20 & 20 . I have reviewed the application I submitted for the License and I hereby represent that the information contained therein is true and accurate in all respects (copy attached).
3. I have inspected the subject premises. I hereby represent that the subject premises is in compliance with all applicable laws, regulations and codes, including, but not limited to, the NYS Uniform Building and Fire Prevention Code, the Fire Code of New York State and the Village Code of the Village of Ocean Beach.
4. I understand that it is my responsibility to keep the subject premises in compliance with all applicable laws, regulations and codes, including, but not limited to, the NYS Uniform Building and Fire Prevention Code, the Fire Code of New York State and the Village Code of the Village of Ocean Beach. I understand that the Village of Ocean Beach is relying upon the accuracy of this Affidavit in order to evaluate my application for my License. If there is any change from the information or conditions contained in this Affidavit, I understand and hereby represent that I will immediately bring that information to the attention of the Village of Ocean Beach and correct any non-compliance at the subject premises.
5. I further represent my understanding that should later inspection by Village personnel (or designee) reveal that the information contained in my Affidavit is not accurate and/or that the subject premises is not in compliance as stated herein, that my License may be suspended and/or revoked.

Signature of Applicant

Printed Name of Applicant

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

Notary Public, State of New York