



**Donna Lent, Town Clerk**

Patricia Ryan, Chief Deputy Town Clerk  
One Independence Hill, Farmingville, NY 11738  
(631) 451-9101 FAX: 451-9264

**Amusement Device License and Operator Permit**  
**for Game Rooms and Accessory Game Rooms**  
**Instruction Sheet**

Application Check List

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Copy of current Game Room Permit issued by the Zoning Board of Appeals
- \_\_\_\_\_ Application Fee (Game Room with more than three games: \$50.00/  
Accessory Game Room with no more than three games: \$25.00)

After your application has been reviewed and approved by all required departments, you will be notified by the Town Clerk’s Office. After initial approval please submit the following:

- \_\_\_\_\_ Two 1” x 1” photographs of the amusement device operator
- \_\_\_\_\_ Fee of \$50.00 for the Operator’s Permit
- \_\_\_\_\_ Fee of \$25.00 per amusement device

Should you have any questions concerning the permitting procedure outlined above, please contact the Town Clerk’s Office at 451-9124.

If you have any questions concerning the Building Codes, please contact the Building Department at 451-6333.



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Table with 1 column and 4 rows: For Official Use Only, License #, Receipt #, Date

Town of Brookhaven
Application for Amusement Device License
Pursuant to Chapter 34A of Town Code

- 1. Applicant Information (Name, Address, Telephone)
2. Operator Information (if different from applicant) (Name, Address, Telephone)
3. Has operator ever been convicted of a crime? If yes, list dates and nature of offenses:
4. Supplier Information (if more than one, list all suppliers on a separate sheet) (Name, Address, Telephone)
5. Name and Address of premises where devices are located:
6. Number of devices on premises:
7. Hours of operation:

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE.

Sworn to before me on this \_\_\_ day of \_\_\_ 20\_\_\_

Signature of Applicant

Notary Public



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**For Building Department Use Only**

Zone: \_\_\_\_\_

Verification of Location: \_\_\_\_\_

Distance from Schools: within 500' \_\_\_\_\_  
within 2500' \_\_\_\_\_

Certificate of Occupancy # \_\_\_\_\_  
Issued: \_\_\_\_\_

Certificate of Existing Use # \_\_\_\_\_  
Issued: \_\_\_\_\_

Certificate of Zoning Compliance # \_\_\_\_\_  
Issued: \_\_\_\_\_

Zoning Violations (list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Building Code Violations (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_