Village of Colonie

Village Hall, 2 Thunder Road, Colonie, NY 12205
Telephone: (518)869-7562 Fax (518) 464-0389
www.colonievillage.org
villagehall@colonievillage.org

Building Department

HOTEL LICENSE APPLICATION

Hotel Common Name (as displayed on signage): _____

Hotel Physical Address: _____

Name of Individual completing application: _____

Title:

_____

Address: _____

Phone Number: _____

Email Address:

_____

APPLICATION TYPE: (check one)

❑ New License ❑ Renewal ❑ Ownership Transfer ❑ Management Change

❑ Franchise Change ❑ Other _____

TOWN USE ONLY

Application Received By: _____

Date Received: _____

Application Number: _____

Review and Approval / Denial log here:

_____

_____

_____

Revised October 16, 2026

SECTION 1 - HOTEL AND PROPERTY IDENTIFICATION

HOTEL INFORMATION

Hotel Legal Name (exactly as filed with NYS Secretary of State):

Doing Business As (DBA), if different:

Street Address of Hotel:

Mailing Address (if different):

Tax Parcel Number(s):

Main Telephone Number:

General Email Address:

Website Address:

HOTEL CHARACTERISTICS

Number of buildings on property:

Number of buildings containing guest accommodations:

Number of Standard Rooms (rooms excluding in-unit cooking facilities):

Number of Extended Stay Room (rooms including in-unit cooking facilities):

Total number of guest rooms, all categories:

HOTEL OPERATIONAL PROFILE

Check all that apply:

☐ Restaurant	☐ Sauna	☐ Business Center	☐ Continental Breakfast Service	☐ Commercial Kitchen
☐ Swimming Pool	☐ Hot Tub/Spa	☐ Banquet Facilities	☐ Full-Service Breakfast	
☐ Meeting Rooms	☐ Fitness Center	☐ On-Site Security Personnel	☐ Exterior Corridor Access	
☐ Bar/Lounge	☐ Laundry Facilities	☐ 24-Hour Front Desk	☐ Interior Corridor Access	☐ Electronic Key Card Access

Number of Operational Security Cameras: _____ Storage Capacity of Security Camera Recording (days): _____

Front Desk Hours (Mon-Fri): _____ Front Desk Hours (Sat-Sun): _____

Other Security Features (describe):

SECTION 2 - HOTEL OWNERSHIP INFORMATION

TYPE OF OWNERSHIP: (check one)

☐ Corporation ☐ General Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership

☐ Limited Partnership ☐ Nonprofit ☐ Sole Proprietorship ☐ Other _____

HOTEL OWNER INFORMATION:

Legal Name:

State of Formation (if applicable):

Employer Identification Number/Tax ID:

Principal Business Address:

Business Phone Number:

Business Email:

Is Hotel Owner a Franchisee? ☐ Yes ☐ No

If yes, provide name of Franchisor, type of ownership, business address, phone number, email, etc.:

REGISTERED OR DESIGNATED AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS IN NEW YORK STATE:

Provide contact information for REGISTERED agent as listed with the Department of State, if applicable.
Otherwise, you must designate a person to receive service of process.

Registered Agent Name: (if applicable)	**Designated Agent Name:** (if applicable)
Address:	Address:

PRIMARY CONTACT / PERSON IN CHARGE AT HOTEL PROPERTY
(individual responsible and having ultimate authority at the hotel premises)

Full Name:

Title / Position:

Email Address:

Direct Telephone Number:

Business Address:

☐ Attach copy of Hotel Workers' Compensation Insurance

SECTION 2 - HOTEL OWNERSHIP INFORMATION (continued)

HOTEL OWNERSHIP SUMMARY

Total Number of Owners / Members / Shareholders: _____

In the chart below, provide the name of every person or entity owning **more than 5% interest AND any person with management authority.** Use additional sheets if necessary. Using the KEY below, indicate "Y" for Yes or "N" for No in each box for the individual listed:

Last Name	First Name	Title / Position	Address	Criminal[1]	License[2]	Code[3]	Safety[4]	Financials[5]
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N

KEY:

1. **Criminal -** Has ever been convicted of a Felony, a Class A Misdemeanor, or any offense under NYS Penal Law articles 120, 125, 130, 135, 140 or 160 in relation to prostitution, sex trafficking, human trafficking, drug trafficking, organized criminal activity or similar unlawful activity occurring at the property in any jurisdiction in any state.

2. **License** - Has ever owned, operated, managed, leased, franchised or controlled a lodging establishment for which the license or permit was denied, suspended, revoked, or placed into receivership or court-appointed management in any jurisdiction in any state.

3. **Code -** Has, within the last five (5) years, owned, operated, managed, leased, franchised or controlled a lodging establishment that was issued an Appearance Ticket, Summons, Citation or equivalent for actions arising from building, fire, health, property maintenance, housing or zoning violations in any state.

4. **Safety** - Has, within the last five (5) years, owned, operated, managed, leased, franchised or controlled a lodging establishment that was subject to execution of a search warrant arising from alleged prostitution, sex trafficking, human trafficking, drug trafficking, organized criminal activity or similar unlawful activity occurring at the property in any state.

5. **Financial -** Has, within the last five (5) years, owned, operated, managed, leased, franchised or controlled a lodging establishment that has been party to Bankruptcy, Receivership, Foreclosure, or Insolvency Proceedings in any jurisdiction in any state.

OWNERSHIP CHAIN AND STRUCTURE

Provide an organizational chart illustrating ownership and control between all individuals/entities having a direct interest in the business which is the subject of this application, i.e., property ownership, hotel ownership, hotel operations, hotel management, and franchising. See sample.

Attach additional ownership disclosure sheets if necessary.

SECTION 3 - HOTEL MANAGEMENT STRUCTURE

Who will be responsible for managing and operating the business?

☐ Hotel Owner ☐ Third Party ☐ Other (explain): _____

If Hotel Owner will manage the business, skip to Section 4. Otherwise. Complete the remainder of this section.

If using a third party management/operations company, does Hotel Owner have:

☐ Yes ☐ No A direct or indirect ownership interest in third party management/operations company?
☐ Yes ☐ No Any familial relationship with third party management/operations company?
☐ Yes ☐ No A written agreement or contract with third party management/operations company? (If yes, attach copy)

MANAGEMENT / OPERATIONS COMPANY (TYPE OF OWNERSHIP):

☐ Corporation ☐ General Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership

☐ Limited Partnership ☐ Nonprofit ☐ Sole Proprietorship ☐ Other _____

Legal Name: _____

State of Formation: _____

Employer Identification Number/Tax ID: _____

Principal Business Address: _____

Business Phone Number: _____

Business Email: _____

If using a third party management/operations company, please provide ownership information as requested on next page (same five questions).

REGISTERED OR DESIGNATED AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS IN NEW YORK STATE

Provide contact information for REGISTERED agent as listed with the Department of State, if applicable, in Box A. Otherwise, you must designate a person to receive service of process in Box B.

BOX A: Registered Agent Name: (if applicable)	**BOX B: Designated Agent Name: (if applicable)**
Address:	Address:

SECTION 3 — HOTEL MANAGEMENT STRUCTURE (continued)

MANAGEMENT / OPERATIONS COMPANY OWNERSHIP SUMMARY

Total Number of Owners / Members / Shareholders: _____

In the chart below, provide the name of every person or entity owning **more than 5% interest AND any person with management authority.** Use additional sheets if necessary. Using the KEY below, indicate "Y" for Yes or "N" for No in each box for the individual listed:

Last Name	First Name	Title / Position	Address	Criminal[1]	License[2]	Code[3]	Safety[4]	Financials[5]
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N
				Y / N	Y / N	Y / N	Y / N	Y / N

KEY:

1. **Criminal -** Has ever been convicted of a Felony, a Class A Misdemeanor, or any offense under NYS Penal Law articles 120, 125, 130, 135, 140 or 160 in relation to prostitution, sex trafficking, human trafficking, drug trafficking, organized criminal activity or similar unlawful activity occurring at the property in any jurisdiction in any state.
2. **License** - Has ever owned, operated, managed, leased, franchised or controlled a lodging establishment for which the license or permit was denied, suspended, revoked, or placed into receivership or court-appointed management in any jurisdiction in any state.
3. **Code -** Has, within the last five (5) years, owned, operated, managed, leased, franchised or controlled a lodging establishment that was issued an Appearance Ticket, Summons, Citation or equivalent for actions arising from building, fire, health, property maintenance, housing or zoning violations in any state.
4. **Safety** - Has, within the last five (5) years, owned, operated, managed, leased, franchised or controlled a lodging establishment that was subject to execution of a search warrant arising from alleged prostitution, sex trafficking, human trafficking, drug trafficking, organized criminal activity or similar unlawful activity occurring at the property in any state**.**
5. **Financial -** Has, within the last five (5) years, owned, operated, managed, leased, franchised or controlled a lodging establishment that has been party to Bankruptcy, Receivership, Foreclosure, or Insolvency Proceedings in any jurisdiction in any state.

OWNERSHIP CHAIN AND STRUCTURE

Provide an organizational chart illustrating ownership and control between all individuals/entities having a direct interest in the business which is the subject of this application, i.e., property ownership, hotel ownership, hotel operations, hotel management, and franchising. See sample.

Attach additional ownership disclosure sheets if necessary.

SECTION 4 - REAL PROPERTY OWNERSHIP INFORMATION

COMPLETE THIS SECTION ONLY IF THE OWNER OF THE HOTEL/BUSINESS IS DIFFERENT THAN THE OWNER OF THE REAL PROPERTY UPON WHICH THE HOTEL IS LOCATED.

Type of Ownership:

❑ Corporation ❑ General Partnership ❑ Limited Liability Company ❑ Limited Liability Partnership
❑ Limited Partnership ❑ Nonprofit ❑ Sole Proprietorship _____ ❑ Other _____

PROPERTY OWNER INFORMATION:

Legal Name: _____

State of Formation (if applicable): _____

Employer Identification Number/Tax ID: _____

Principal Business Address: _____

Business Phone Number: _____

Business Email: _____

REGISTERED OR DESIGNATED AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS IN NEW YORK STATE

Provide contact information for REGISTERED agent as listed with the Department of State, if applicable, in BOX A. Otherwise, you must designate a person to receive service of process in Box B.

BOX A: Registered Agent Name: (if applicable)	**BOX B: Designated Agent Name: (if applicable)**
Address:	Address:

SECTION 5 – RESPONSIBLE PARTIES

Definitions:

On-Site Manager - The individual person with primary responsibility for the day-to-day operation of the hotel. This person must possess the authority to make operational decisions affecting compliance with Chapter 119.

Authorized Individual - The individual person designated to receive notices and communications relating to the hotel. This person must be authorized to receive inspection requests, notices of violations, notices of intent to revoke, notices of suspension, hearing notices, and other official communications on behalf of the Licensee.

24 Hour Contact - The individual persons (primary and secondary) available 24 hours per day, 7 days per week and authorized to coordinate emergency responses on behalf of the Hotel.

Local Representative - The individual person residing in Albany, Green, Rensselaer, Saratoga or Schenectady County, authorized to act on behalf of the Licensee for all matters relating to this application, a license, inspections, enforcement actions, corrective actions, emergencies, and communications.

Security Contact - The individual person responsible for security at the hotel.

Alarm Company - The third-party, offsite company remotely monitoring fire, smoke, security, and similar life safety alarm systems at the property.

Compliance Coordinator - The individual person responsible for overseeing Licensee's compliance with Chapter 119.

Franchise Representative (if the hotel operates under a franchise) - The individual person who is the primary contact with the Franchisor for the hotel.

Position	Name (Last, First)	Title	Business Address	Office Phone	24 Hour Phone	Email
On-Site Manager						
Authorized Individual						
24 Hr Contact — Primary						
24 Hr Contact — Secondary						
Local Representative						
Security Contact						
Alarm Company						
Franchise Representative						

CHANGES TO RESPONSIBLE PERSONS

_____ [initials] The Applicant acknowledges that material changes to the list of responsible persons described in this Section that affect compliance with Chapter 119 shall be reported to the Town in writing within fifteen (15) calendar days.

SECTION 6 — ACKNOWLEDGEMENTS

_____ [initials] All adult occupants do or will be required to present government-issued photo identification upon arrival as required by Chapter 119.

_____ [initials] The Hotel maintains or will maintain procedures designed to identify the actual occupant of each room regardless of who made the reservation or payment.

_____ [initials] Hotel maintains or will maintain procedures designed to identify and document the actual occupant of each room regardless of the reservation source or payment method.

_____ [initials] The Hotel maintains or will maintain records sufficient to determine the identity of occupants for purposes of compliance with Chapter 119.

_____ [initials] The Hotel maintains or will maintain procedures designed to ensure compliance with the occupancy limitations established by Chapter 119.

_____ [initials] Occupancy tracking is or will be based upon the occupant rather than solely upon the reservation source, payment source, or room assignment.

_____ [initials] The Register is or will contain all information required by Chapter 119.

_____ [initials] The Register is or will be retained for at least three (3) years.

_____ [initials] The Hotel maintains or will maintain procedures designed to ensure compliance with the age restrictions contained in Chapter 119.

_____ [initials] The Hotel maintains or will maintain procedures for responding to public safety concerns and cooperating with law enforcement and emergency responders.

_____ [initials] The Hotel ensures or will ensure all employees are in compliance with Chapter 119.

Voluntary Register Disclosure:

_____ [initials] I voluntarily consent, on behalf of myself and any and all staff members, to allow any authorized agent of the Town of Colonie to view the hotel guest register upon request.

_____ [initials] I voluntarily consent, on behalf of myself and any and all staff members, to release a copy of the hotel guest register to any authorized agent of the Town of Colonie upon request.

SECTION 7 — CERTIFICATIONS

By signing below, I certify under penalty of perjury that:

- The information contained in this Application, together with all attachments and supporting materials submitted herewith, is true, complete, and accurate to the best of the Applicant's knowledge and belief.
- I understand that the Town will rely upon the information contained in this Application when determining whether to issue, deny, renew, suspend, or revoke a License pursuant to Chapter 119, and that any material omission, false statement, misrepresentation, or concealment of information may constitute grounds for denial, suspension, non-renewal, or revocation of a License pursuant to Chapter 119 and may subject the Applicant to any other penalties authorized by law.
- I am authorized to execute and submit this application on behalf of the Applicant, and I possess a sufficient authority to bind the Applicant with respect to the representations, certifications, acknowledgments, and obligations contained herein. I have reviewed Chapter 119 of the Code of the Town of Colonie and understand the requirements imposed therein. I further understand that non-compliance with any applicable federal, state, or local laws may cause revocation of a license issued pursuant to Chapter 119.

Applicant Name: _____ Title/Position: _____

Applicant Entity: _____

Signature: _____ Date: _____

Documentation of Authority
Select one:

☐ Sole Proprietor ☐ Corporate Officer ☐ Managing Member of a Limited Liability Company
☐ General Partner ☐ Trustee ☐ Authorized Agent (attach documentation)

If "Authorized Agent" is selected, attach resolution, authorization letter, operating agreement provision, corporate authorization, or other documentation demonstrating authority to execute this Application on behalf of the Applicant.

Upon request by the Town, he or she shall provide documentation demonstrating authority to execute this Application on behalf of the Applicant.

STATE OF NEW YORK)
COUNTY OF ALBANY) ss:

On the _____ day of _____ in the year 20_____, before me, the undersigned, personally appeared_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

_____
NOTARY PUBLIC