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

REGISTERED SEX OFFENDER OCCUPANCY APPLICATION

Hotel Common Name (as displayed on signage): _____

Hotel Physical Address: _____

Name of Individual completing application: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

Town of Colonie Hotel Operating Permit Number: _____

APPLICATION TYPE: (check one)

❑ New License ❑ Renewal ❑ Ownership Transfer

TOWN USE ONLY

Application Received By: _____

Date Received: _____

Application Number: _____

Review and Approval / Denial log here:

_____

_____

_____

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:

SECTION 2 — AUTHORIZED AGENT

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:

☐ Attach copy of Hotel Workers' Compensation Insurance

SECTION 3 — ACKNOWLEDGEMENTS

_____ [initials] A Registered Sex Offender Occupancy Permit shall be for a term of one year commencing on the date of issuance, unless sooner revoked pursuant to this article. Permits must be renewed annually and are subject to the Town's review.

_____ [initials] All Registered Sex Offender Occupancy Permits shall be prominently displayed in a conspicuous place in the lobby or registration area of the licensed premises along with a notice that a printed copy of this article is available for inspection by the public in the registration office.

_____ [initials] The licensee shall notify the Town, in writing, of any change in information provided by the licensee in the permit application within 10 calendar days of such change.

_____ [initials] A Registered Sex Offender Occupancy Permit shall be valid only to the licensee to whom it is issued and only for the licensed premises stated on the permit. No transfer of any permit issued shall be allowed. Any sale of all or substantially all of the licensed premises or the assets of or merger or other consolidation of or any transfer of more than 50% in ownership or voting interest in any licensee that is a corporation, partnership or other entity shall be deemed a transfer for purposes of this article.

_____ [initials] If the Town finds a violation which is detrimental to the health, safety, or welfare of other guests of the hotel or the inhabitants of the Town and the Town issues a notice of immediate suspension of permit, Licensee shall immediately begin the process of vacating registered sex offenders.

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 4 — 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