VILLAGE OF FRANKLINVILLE

19 Pennsylvania Ave Franklinville, NY 14737
Phone: (716)-676-3010
www.villagefranklinvilleny.gov

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the statements contained in this application are true and correct, are based upon my personal knowledge and information, and are made for the purpose of requesting the Village of Franklinville, New York, to issue the license for which application is hereby made.

I further swear or affirm that the applicant will comply with all applicable laws, rules, and regulations of the United States of America, the State of New York, and the Village of Franklinville, including but not limited to the New York Alcoholic Beverage Control Law and all civil rights protections provided under federal and state law.

I understand that any false statement made herein is subject to the penalties provided under New York Penal Law §§210.45 and 210.00 et seq. relating to false written statements and perjury.

By signing below, I certify that the foregoing statements are true and correct to the best of my knowledge and belief.

_____	_____
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
_____	_____
(TITLE OR POSITION)	(TITLE OR POSITION)
_____	_____
(DATE SIGNED)	(DATE SIGNED)

STATE OF _____)

COUNTY OF _____) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20___

_____

NOTARY PUBLIC