Office of the City Clerk

Date Filed: _____

License No: _____

City Hall, 38 Hawley Street, Binghamton, NY 13901 607-772-7005

BOWLING LICENSE APPLICATION

Applicant Information

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Days of Operation: _____

Hours of Operation: _____

Number of Lanes: _____

Additional Information

REQUIRED: Workers' Compensation Information
If you have employees, please have your insurance company submit form C-105.2. If you do not have any employees please submit form CE-200, "Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage". The forms can be found on the Workers' Compensation Board's website, www.wcb.state.ny.us under the heading "Forms".
****These forms must be included with your application.***

FEE: $50
(Fee covers one calendar year Jan. – Dec. and may be paid via cash, local bank check, or money order)

Workers' Comp. paperwork attached: Yes □ No □

_____ _____
Applicant Signature Date

Approval of Application
(To be completed by Clerk)

City Clerk: Yes □ No □

Signature: _____ Date: _____