



1/21/2020  
J

Lorelei Salas  
Commissioner

Date: 01/21/2019

Special Applications Unit

42 Broadway  
Lobby  
New York, NY 10004

**Brooklyn Community Board #15  
Kingsboro Community College  
2001 Oriental Boulevard, Room C124  
Brooklyn, New York 11235**

+1646 500 6275 fax

[nyc.gov/consumers](http://nyc.gov/consumers)

**Re: Application to request recommendation for  
Permanent Amusement Device**

Please find attached application to request recommendation for  
a Permanent Amusement Device license. Details are as follows:

**Licensee Name: Semion, Koedunov / Land-of-Fun, Inc**

**Permanent Amusement Device: Bumper Cars**

**Address: 2955 Coney Island Avenue  
Brooklyn, New York 11235-5220**

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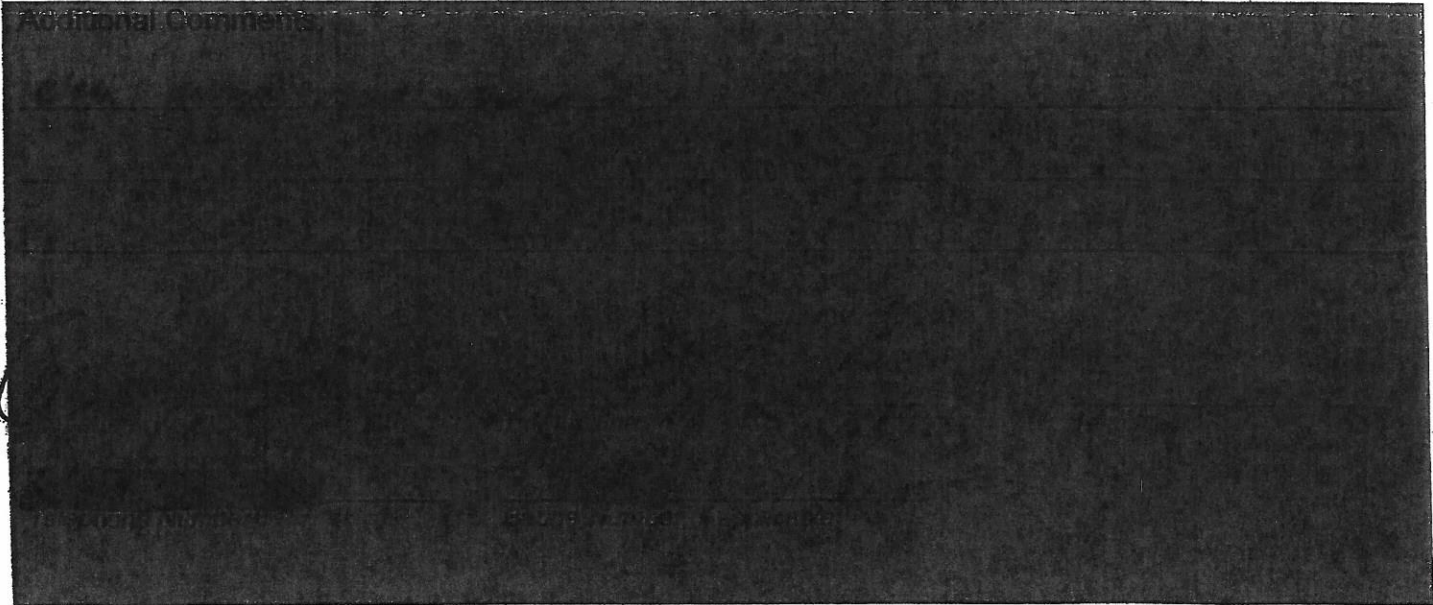
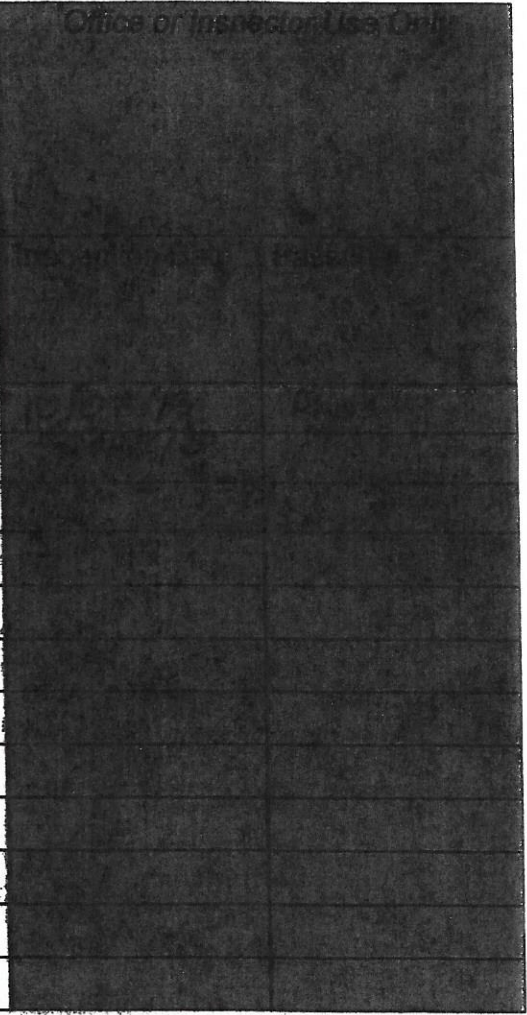
Consumer  
Affairs

# ROSTER OF AMUSEMENT DEVICES

Page 2

Office of Inspector Use Only

Amusement Device Name	DCA License Number	Identification or DMV Registration Number
1. DOMINION CAR RIDE	2014851-DCA	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		





Consumer  
Affairs

42 Broadway  
New York, NY 10004

Dial 311  
(212-NEW-YORK)

nyc.gov/dca

## ROSTER OF AMUSEMENT DEVICES

Please complete the form below and list the names and applicable identification numbers for your amusement devices on page 2.

You must contact the Department of Buildings (DOB) Elevator Division at (212) 393-2467 or (718) 938-7423 to schedule an appointment to have your device(s) inspected. *DOB will let you know if you must also have an electrical inspection of your device(s).*

Please bring a copy of this form to present to the DOB inspector at the time of inspection(s).

At the time of inspection(s), a DOB representative may provide you with an Amusement Device Affirmation to complete and return to DOB.

Your amusement device(s) must pass all DOB inspections before DCA can issue you a renewed license document.

Check the applicable License Category:	<input checked="" type="checkbox"/> Permanent Amusement Device <input type="checkbox"/> Portable Amusement Device
Legal Name of Business:	LAND-O-FUN, INC
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	
Business Address:	2955 CONEY ISLAND AVE BROOKLYN, NY 11235-5220
Business Contact Name:	SEMION KOROUNOV
Telephone:	[REDACTED]

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

OWNER, CEO  
Print Title/Position (if any)

SEMION KOROUNOV  
Print Name

Date



*Certificate of Occupancy*

**CO Number: 320516214F**

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

<b>A.</b>	<b>Borough:</b> Brooklyn	<b>Block Number:</b> 08761	<b>Certificate Type:</b> Final
	<b>Address:</b> 2955 CONEY ISLAND AVENUE	<b>Lot Number(s):</b> 9	<b>Effective Date:</b> 01/07/2014
	<b>Building Identification Number (BIN):</b> 3246891	<b>Building Type:</b> Altered	
<b>This building is subject to this Building Code: Prior to 1968 Code</b>			
<i>For zoning lot metes &amp; bounds, please see BISWeb.</i>			
<b>B.</b>	<b>Construction classification:</b> 3	(Prior to 1968 Code designation)	
	<b>Building Occupancy Group classification:</b> A-3	(2008 Code)	
	<b>Multiple Dwelling Law Classification:</b> None		
	<b>No. of stories:</b> 1	<b>Height in feet:</b> 15	<b>No. of dwelling units:</b> 0
<b>C.</b>	<b>Fire Protection Equipment:</b> None associated with this filing.		
<b>D.</b>	<b>Type and number of open spaces:</b> None associated with this filing.		
<b>E.</b>	<b>This Certificate is issued with the following legal limitations:</b> None		
<b>Borough Comments:</b> None			



Borough Commissioner



Commissioner

*Certificate of Occupancy*

CO Number: 320516214F

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL		OG	U			UTILITY ROOM
001	001 298	120	A-3		13A	ENCLOSED AMUSEMENTS (USE GROUP 13A)
NO AMUSEMENTS (WHETHER BUMPER CARS, ARCADE GAMES, CLIMBING OR SIMILAR ACTIVITIES) SHALL BE LOCATED WITHIN 20 FEET OF THE RESIDENCE DISTRICT BOUNDARY						
END OF SECTION						



Borough Commissioner



Commissioner

END OF DOCUMENT



New York State Insurance Fund

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

| nysif.com

### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)



SCAN TO VALIDATE AND SUBSCRIBE

460579079  
DYNAMO INSURANCE BROKERAGE  
2209 BATH AVE  
BROOKLYN NY 11214

**POLICYHOLDER**  
LAND-O-FUN, INC  
2955 CONEY ISLAND AVE  
BROOKLYN NY 11235

**CERTIFICATE HOLDER**  
CITY OF NEW YORK  
42 BROADWAY  
NEW YORK NY 10004

<b>POLICY NUMBER</b> [REDACTED]	<b>CERTIFICATE NUMBER</b> [REDACTED]	<b>POLICY PERIOD</b> 11/19/2019 TO 11/19/2020	<b>DATE</b> 12/30/2019
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2458 176-1, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

- PRESIDENT (1 OF 2)  
SAM KORDUNOV
- VICE PRESIDENT (2 OF 2)  
VLADIMIR SERGEEV
- OF LAND-O-FUN, INC

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



VALIDATION NUMBER: 776890915





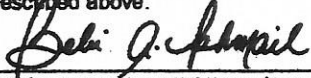
CERTIFICATE OF INSURANCE COVERAGE  
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW


PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>LAND-O-FUN INC.</b>  <b>2955 CONEY ISLAND AVE</b>  <b>BROOKLYN, NY 11235</b></p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured  <b>7188915263</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number  </p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>City of New York</b>  <b>42 Broadway</b>  <b>New York, NY 10004</b></p>	<p>3a. Name of Insurance Carrier  <b>Standard Security Life Insurance Company of New York</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"  </p> <p>3c. Policy effective period  <u>10/25/2018</u> to <u>12/28/2020</u></p>

4. Policy provides the following benefits:
- A. Both disability and paid family leave benefits.
  - B. Disability benefits only.
  - C. Paid family leave benefits only.
5. Policy covers:
- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
  - B. Only the following class or classes of employer's employees:
- \_\_\_\_\_

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 12/30/2019 By   
(Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number  Name and Title **SUPERVISOR-DBL/POLICY SERVICES**

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/03/2020

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

**PRODUCER**  
Dynamo Insurance Brokerage, Inc.  
2209 Bath Avenue  
  
Brooklyn NY 11214

**CONTACT NAME:** Michael Tevlin  
**PHONE (A/C No. Ext.):** [REDACTED] **FAX (A/C No.):** [REDACTED]  
**E-MAIL ADDRESS:** dynamoinsurancebrokerage@gmail.com

INSURER(S) AFFORDING COVERAGE	NAIC #
<b>INSURER A:</b> United States Fire Insurance Company	21113
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**INSURED**  
Land-O-Fun, Inc.  
2955 Coney Island Ave  
  
Brooklyn NY 11235

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

ISR LTR	TYPE OF INSURANCE	ADDL. INSUR.		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			[REDACTED]	11/15/2019	11/15/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
		<input type="checkbox"/> CLAIMS-MADE						\$
	<b>DED</b>							\$
	<b>RETENTION \$</b>							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY)	<input type="checkbox"/> Y/N	N/A				OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**CERTIFICATE HOLDER**  
  
City of New York  
42 Broadway  
New York, NY 10004

**CANCELLATION**  
  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**  
Michael Tevlin



CHAIR  
EDUCATION SUBCOMMITTEE  
NON-PUBLIC SCHOOLS

THE COUNCIL  
OF  
THE CITY OF NEW YORK

CITY HALL OFFICE  
250 BROADWAY, SUITE 1815  
NEW YORK, NY 10007  
(212) 788-7360

COMMITTEES  
AGING  
CONTRACTS  
EDUCATION  
OVERSIGHT AND INVESTIGATIONS  
PUBLIC SAFETY  
WATERFRONTS



CHAIM M. DEUTSCH  
COUNCIL MEMBER, 48<sup>TH</sup> DISTRICT

DISTRICT OFFICE  
2401 AVENUE U, FIRST FLOOR  
BROOKLYN, NY 11229  
(718) 368-9176  
FAX (718) 368-9160

October 21, 2014

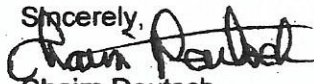
NYC Department of Consumer Affairs  
Special Applications Unit  
42 Broadway, 5<sup>th</sup> floor  
New York, New York 10004

Re: Land-O-Fun, 2955 Coney Island Avenue, Brooklyn, NY 11235

Dear Mr. Fang,

I am writing this letter of no objection with regard to Land-O-Fun's application for a Permanent Amusement Device. I am of the understanding that the applicant, Oleg Bazylo, has complied with all criteria for licensing.

With this in mind, I am recommending the DCA grant Land-O-Fun's Bumper Car license. If you need any further information do not hesitate to contact my office.

Sincerely,  
  
Chaim Deutsch  
Council Member, 48<sup>th</sup> District



Julie Menin  
Commissioner

Special Applications Unit

42 Broadway  
5th Floor  
New York, NY 10004

+1646 500 6275 fax

[nyc.gov/consumers](http://nyc.gov/consumers)

Date 06/20/2014

Brooklyn Community Board 15  
Kingsboro Community College,  
2001 Oriental Boulevard, C Cluster,  
Room C124  
Brooklyn, NY 11235

6/24/2014

Re: **Application to request recommendation for Permanent Amusement Device**

Please find attached application to request recommendation for a Permanent Amusement Device license. Details are as follows:

Licensee Name: Bazylo, Oleg D/B/A Land-O-Fun, Inc. - Bumper Cars  
Address: 2955 Coney Island Avenue, Brooklyn, NY 11235

Re commendation approved June 24, 2014  
at CB15 General Board Meeting by a vote  
of 29 yes and 4 no.

Thank you,  
Theresa SCAVO, CHAIRPERSON, CB15, Brooklyn  
Theresa Scavo

Questions? Please contact Matthew Fang at (212) 436-0280



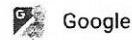
Google Maps Coney Island Ave

LAND-O-FUN



Image capture: Jun 2018 © 2020 Google

New York



Street View

