

TOWN OF NIAGARA
7105 LOCKPORT ROAD
NIAGARA FALLS, NY 14305
Telephone (716) 297-2150 --- Fax: (716) 297-9262
BUSINESS REGISTRATION APPLICATION

Business Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Phone #: _____ **Email:** _____

Number of Employees: _____ **Business Hours:** _____

Days of Operation: (Circle appropriate days) MON TUES WED THURS FRI SAT SUN

Manager/Owner: _____ **Home Address** (if other than a corporation) _____

Emergency Contact (During Non-Business Hours) _____

_____ **Phone #:** _____

Billing Information: _____

Purpose and Description of Business

If partnership, names and addresses of all partners:

1. _____
2. _____
3. _____
4. _____

A. If Corporation, the names and addresses of all Officers

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Date of Last Fire Inspections: _____

I Hereby Swear to the Truth of the Above Information:

X

Applicant's Signature Date:

\$50.00 Registration Fee: (make check/money order payable to Town of Niagara)