

# TOWN OF NIAGARA BUSINESS REGISTRATION APPLICATION

Building Department  
7105 LOCKPORT ROAD  
NIAGARA FALLS, NY 14305  
Telephone (716) 297-2150 ext. 126 Fax: (716) 297-9262



Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ \*\*E-Mail Required\*\*:

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: \_\_\_\_\_

Description of Business:

If partnership, names and addresses of all partners:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date of Last Fire Inspections: \_\_\_\_\_

I Hereby Swear to the Truth of the Above Information:

X \_\_\_\_\_  
Applicant Print Name

X \_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

PLEASE INCLUDE:

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

Plus a \$10.00 Fee If you have a Sign.