

TOWN OF NIAGARA
COUNTY OF NIAGARA, STATE OF NEW YORK
NIAGARA FALLS N.Y

7105 LOCKPORT ROAD
NIAGARA FALLS, NY 14305



PHONE: (716) 297-2150
FAX: (716) 297-9262
www.townofniagara.com

Contractor Application to Conduct Business

Business Name: _____

Address: _____

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

Phone #: _____ **E-Mail:** _____

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

Owner: _____

Home Address (if other than a corporation) _____

Local Contact: _____ **Phone #:** _____

Emergency Contact (During Non-Business Hours)

Name: _____

Address: _____ **Phone #:** _____

Purpose and Description of Business

If partnership, names and addresses of all partners:

If Corporation, the names and addresses of all Officers:

I Hereby Swear to the Truth of the Above Information:

Applicants Name (Print)

Applicant's Signature

Date:

ATTACH COPY OF INSURANCE COVERAGE APPLICABLE TO YOUR BUSINESS
Certificate of Liability & C 105.2 Workers Comp or CE-200 (Exemption)
"Town of Niagara" to be listed as Certificate Holder on Policy

FOR OFFICE USE ONLY

Registration Fee: \$50.00 **Received by:** _____ **Title:** _____

(Checks/Money Orders Payable to Town of Niagara)