

**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

**Business Registration Application**

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of owner property business is located:** \_\_\_\_\_

**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)

**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:**

X

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date:**

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**FOR OFFICE USE ONLY**

Registration Fee:  \$50.00 /  Sign renewal \$10.00 /  \$50.00 Received after Dec 31<sup>st</sup> late fee

Please make check/money order payable to Town of Niagara

**Application unable to process/returned to applicant due to:**

- Form incomplete, requested required information not provided**
- Insufficient funds**