

CITY OF LACKAWANNA – BUSINESS REGISTRATION APPLICATION

Chapter 88-City Code

Lackawanna City Hall, City Clerk-Room 215
714 Ridge Road
Lackawanna, New York 14218
(716) 827-6452

Applicant Name: _____ Phone () _____ - _____

Home Address: _____ Date of Birth _____

Business Name: _____ Business phone () _____ - _____

Business Address: _____

Tax ID/SS#: _____ Business Website: _____ Email: _____

Emergency Contact Name: _____ Contact Phone () _____ - _____

Type of Entity: Sole Proprietor__ Partnership__ Corporation__ LLC__

Type of Business Operation: _____

New Registration__ Renewing Registration__

Additional Business Information

Days/Hours of Operation: _____

Number of Employees (Full time/Part time): _____

Describe specific business activities in detail: _____

If Licensed by NYS Alcoholic Beverage Control Board, License #: _____ Exp. Date: _____

Status of all applicable Federal, NYS and Erie County Licenses and/or approvals required for proposed business operation: _____

Signature _____ Date _____

~Please process in the following order and forward on to the department next in line~

Date forwarded by Clerk's Office: _____ by whom: _____

Identification Bureau (Criminal Record Only)

Date Received: _____

Inspector (Print Name): _____

Comments:

Signature: _____

Date Forwarded: _____

Code Enforcement (Property Code Compliance Only)

Date Received: _____

Inspector (Print Name): _____

Compliance: Yes: ___ No: ___

Comments:

Signature: _____

Date Forwarded: _____

Fire Inspector (Inspection by the Fire Department or Code Enforcement)

Inspector (Print Name): _____

Compliance: Yes ___ No: ___

Comments:

Signature: _____

Date Forwarded: _____

Director of Public Safety

Date Received: _____

Recommend: Yes ___ No: ___

Comments:

Signature: _____

Date Forwarded: _____

Director of Development

Date Received: _____

Recommend: Yes: ___ No: ___

Comments:

Signature: _____

Date Returned to Clerk's Office: _____