

# LACKAWANNA CITY CLERK

---

Jeffrey P. DePasquale  
City Clerk  
Registrar of Vital Statistics

Linda M. Smerka  
Deputy Registrar



## City of Lackawanna — Business Registration Application Chapter 88 City Code (as revised)

City of Lackawanna  
City Clerk's Office  
714 Ridge Road — Room 215  
Lackawanna, NY 14218  
(716) 827-6452

### REQUIRED DOCUMENTATION for BUSINESS REGISTRATION APPLICATIONS

Copy of current Government Issued Photo Identification of applicant (i.e. valid driver's license)

Copy of proof of residence for applicant

Copy of New York State Tax ID Certificate for Business &/or Social Security Number for applicant

Copy of filed DBA Certificate, Partnership Documents or Corporation filings

Copy of proof ownership of property where business is intended to operate recorded deed or executed lease agreement)

Completed Application and Registration fee  
(\$100.00 three (3) year registration)

**PLEASE BE ADVISED THAT INCOMPLETE APPLICATIONS  
WILL NOT BE ACCEPTED AND/OR PROCESSED**

**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 \_\_\_\_\_