

CITY OF LACKAWANNA – OUTDOOR CAFÉ/RETAIL PERMIT APPROVAL FORM

Lackawanna City Hall, Code Enforcement Room 311
714 Ridge Rd., Lackawanna NY, 14218
716-827-6474

Applicant Name: _____ Phone: _____

Home Address: _____ Date of Birth: _____

Business Name: _____ Phone: _____

Business Address: _____

Tax ID/SS#: _____ Email: _____

Website: _____

Emergency Contact Name: _____ Phone: _____

Type of Entity: Sole Proprietor Partnership Corporation LLC

Type of Business Operation: _____

Additional Business Operation:

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:

Required Plans Attached: Yes No

Fees Paid: \$45.00 Application Fee: Yes No \$50.00 Permit Fee: Yes No

Signature of Applicant: _____ Date: _____

Review of Temporary Outdoor Retail/Café Permit

Please Review and then forward to the department next in line

Code Enforcement

Date Received: _____

Inspector (Print Name): _____

Plans Sufficient: Yes: _____ No: _____

Comments: _____

Signature: _____ Date Forwarded: _____

Director of Public Safety

Date Received: _____

Recommend: Yes: _____ No: _____

Comments: _____

Signature: _____ Date Forwarded: _____

Fire Inspector (Inspection by Fire Department)

Date Received: _____

Inspector (Print Name): _____

Compliance: Yes: _____ No: _____

Comments: _____

Signature: _____ Date Forwarded: _____

Director of Development:

Date Received: _____

Approval of Permit: Yes: _____ No: _____

Comments: _____

Signature: _____ Date Approved: _____