

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: _____

Signature: _____ Date Forwarded: _____

Commissioner of Public Works

Date Received: _____

Recommend: 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: _____