

**CITY OF LACKAWANNA – BUSINESS REGISTRATION APPLICATION**  
**CHAPTER 88 – LACKAWANNA MUNICIPAL CODE**

Lackawanna City Hall, City Clerk- Room 215  
714 Ridge Road  
Lackawanna New York 14218  
716-827-6660

**Applicant Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

**Business Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Business Address: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Business Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Type of Entity: Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_

Type of Business Operation: \_\_\_\_\_

New Registration: \_\_\_\_\_ Renewing Registration: \_\_\_\_\_

**Additional Business Information:**

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Number of Employees (Full time/Part time): \_\_\_\_\_

Describe specific business activities in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you be selling Alcohol?

Yes \_\_\_ No \_\_\_ NYS Alcohol License# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please provide a copy of NYS Alcohol License.

Will you be selling Tobacco?

Yes \_\_\_ No \_\_\_ NYS Tobacco License# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please provide a copy of NYS Tobacco License.

Status of all applicable Federal, NYS & Erie County Licenses and/or Approval required for proposed business operation: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date forwarded by Clerk's Office: \_\_\_\_\_ by whom: \_\_\_\_\_

**Identification Bureau** (Criminal Record Only)

Date Received: \_\_\_\_\_

Inspector (Print Name): \_\_\_\_\_

Comments:

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Signature: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

**Code Enforcement** (Property Code Compliance Only)

Date Received: \_\_\_\_\_

Inspector (Print Name): \_\_\_\_\_

Compliance: Yes: \_\_\_ No: \_\_\_

Comments:

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Signature: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

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

Inspector (Print Name): \_\_\_\_\_

Compliance: Yes \_\_\_ No: \_\_\_

Comments:

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Signature: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

**Director of Public Safety**

Date Received: \_\_\_\_\_

Recommend: Yes \_\_\_ No: \_\_\_

Comments:

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Signature: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

**Director of Development**

Date Received: \_\_\_\_\_

Recommend: Yes: \_\_\_ No: \_\_\_

Comments:

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Signature: \_\_\_\_\_

Date Returned to Clerk's Office: \_\_\_\_\_