

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: _____