

OFFICE OF LICENSING-BUSINESS LICENSING  
CITY CLERK – ROOM 215  
LACKAWANNA CITY HALL  
714 RIDGE ROAD  
LACKAWANNA, NEW YORK 14218  
(716) 827-6452

PLEASE CHECK LICENSE CATEGORY YOU ARE APPLYING FOR.

ARCADE     BILLIARD PARLOR     NEWSTAND     SKATING RINK  
 RESTAURANT     STORE     BOWLING ALLEY     GAS STATION  
 OTHER (SPECIFY) \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

APPLICANT PHONE NUMBER \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

APPLICANT DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ U.S. CITIZEN YES / NO

CORPORATION NAME \_\_\_\_\_ DATE INCORPORATED \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ BUSINESS FAX NO. \_\_\_\_\_

STATE TAX ID # \_\_\_\_\_

LICENSE ISSUED: YES NO REFERRED TO COUNCIL DATE \_\_\_\_\_

FEE COLLECTED: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

- Required copies of documentation to be submitted with business license application
- photo copy of government issued photo identification (i.e. drivers license/passport)
  - photo copy of current utility bill listing applicant's home address
  - photo copy of NYS tax id certificate or social security number
  - photo copy of DBA (business certificate) or corporate filing receipt (not required for personal licenses i.e. Taxi license, peddler, etc.)
  - photo copy of proof of ownership of property (deed) for business location or a commercial lease Agreement (not required for personal licenses i.e. Taxi license, peddler, etc.)
  - Complete application and license fee.

APPLICATIONS MUST BE COMPLETED AND SUBMITTED WITH ALL REQUIRED DOCUMENTATION.....NO EXCEPTIONS.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* please note

There is a one time fee of \$20.00...THIS IS AN APPLICATION ONLY. AFTER ALL INSPECTIONS ARE DONE, IT WILL BE FORWARDED TO THE CITY COUNCIL FOR APPROVAL.

PLEASE PROCESS IN THE FOLLOWING ORDER AND FORWARD TO THE NEXT DEPARTMENT WITHIN A TIME PERIOD OF TWO WEEKS

IDENTIFICATION BUREAU

DATE RECEIVED: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

COMPLIANCE: \_\_\_\_\_ NON-COMPLIANCE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE FOR'D: \_\_\_\_\_

.....  
BUILDING INSPECTOR:

DATE RECEIVED: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

.....  
COMPLIANCE: \_\_\_\_\_ NON-COMPLIANCE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE FOR'D: \_\_\_\_\_  
.....

RETURN TO THE CITY CLERK'S OFFICE