**CITY OF NIAGARA FALLS**  
**BUSINESS LICENSE APPLICATION**

Incomplete applications will be rejected

1. ☐ Initial Application  ☐ New Business  ☐ Ownership Change  ☐ Location Change  ☐ Business name Change  ☐ Change in Mailing Address  ☐ Other _______

2. Business Entity Type: ☐ Sole Proprietor    ☐ Partnership    ☐ Limited Liability Company    ☐ Corporation    ☐ Association    ☐ Other _______

3. (DBA)    Business Telephone (   )    Business Fax (   )

4. Full Business Mailing Address:

5. Corporate/Entity (If different from DBA) Name:

6. NYS Sales Tax Certificate number:

7. Full Corporate/Entity Address:

8. NIAGARA FALLS BUSINESS LOCATION:

<table>
<thead>
<tr>
<th>BUSINESS OWNERSHIP – LIST ALL OWNERS, PARTNERS &amp; OFFICERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>First &amp; Last Name: _____________________________________ Address: ______________________________________ Phone #: (   ) ______</td>
</tr>
<tr>
<td>Title: __________________________________________________ City, State, Zip ____________________________________</td>
</tr>
<tr>
<td>First &amp; Last Name: _____________________________________ Address: ______________________________________ Phone #: (   ) ______</td>
</tr>
<tr>
<td>Title: __________________________________________________ City, State, Zip ____________________________________</td>
</tr>
<tr>
<td>First &amp; Last Name: _____________________________________ Address: ______________________________________ Phone #: (   ) ______</td>
</tr>
<tr>
<td>Title: __________________________________________________ City, State, Zip ____________________________________</td>
</tr>
</tbody>
</table>

10. PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS

☐ Wholesale  ☐ Retail Sales-New  ☐ Retail Sales-Used  ☐ Manufacturing  ☐ Delivery  ☐ Information (Media)  ☐ Accommodation  ☐ Other

☐ Finance/Insurance  ☐ Personal Service  ☐ Real Estate  ☐ Rental/Leasing  ☐ Professional/Technical  ☐ Recreation  ☐ Other

☐ Domestics  ☐ Child Care/Preschool  ☐ Repair-Automotive  ☐ Repair-Other  ☐ Educational Services  ☐ Hazardous Material

☐ Telephone Solicitation  ☐ Health Care/Social Services  ☐ Taxicab  ☐ Christmas tree Sales  ☐ Fireworks Stand  ☐ Construction

☐ Alcohol  ☐ Food Services  ☐ Utilities  ☐ Transportation  ☐ Warehousing  ☐ Adult Material

11. Describe in detail the nature of your Business – Include Product Sold, Labor Performed and/or Services Rendered:

12. Number of Employees: _______

PLEASE CONTINUE FORM ON BACK
13. Does the Applicant have any prior convictions?  
☐ YES    ☐ NO    If YES, please list below:
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

14. LICENSE AND FEES: Refer to Business & Occupation Fee Schedule to determine fees.

<table>
<thead>
<tr>
<th>Business License Fee</th>
<th>Fee – Other</th>
<th>Inspection Fee</th>
<th>Total Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>$______________</td>
<td>$______________</td>
<td>$______________</td>
<td>$______________</td>
</tr>
</tbody>
</table>

15. Acknowledge Term and License Renewal:
Initial here: ____________

LICENSE TERM AND ANNUAL RENEWAL: The license term is valid for 1 full year from the date of license issuance unless otherwise stated on the face of the license. A notice of invoice will be sent prior to the expiration date on the face of the license. It shall be the responsibility of the licensee to renew the license annually, within forty-five (45) days of the expiration date, whether or not a notice was received.

16. I CERTIFY THE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**Signatures must be of that of a responsible party.**
Legal signature include: sole proprietor-owner, corporate officer, partner, managing member or agent

**Signature__________________________ Print Name & Title__________________________ Date____________________

**Signature__________________________ Print Name & Title__________________________ Date____________________

Please mail completed application with payment to: (No personal checks)
Niagara Falls City Clerk 745 Main Street, Niagara Falls NY 14301

FOR OFFICE USE ONLY

Paid - Cash, Credit or Business Check#__________________ Amount $__________________ Date: ____________________