



CITY OF NIAGARA FALLS BUSINESS LICENSE APPLICATION

If **NO** changes
please check box,
sign and send with
payment

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: _____ Business Email: _____

5. Corporate/Entity (If different from DBA) Name: _____ 6. NYS Sales Tax Certificate number: _____

7. Full Corporate/Entity Address: _____ Corporate Telephone: _____

8. NIAGARA FALLS BUSINESS LOCATION: _____

BUSINESS OWNERSHIP – LIST ALL OWNERS, PARTNERS & OFFICERS

9. First & Last Name: _____ Address: _____ Phone #: () _____
Title: _____ City, State, Zip _____

First & Last Name: _____ Address: _____ Phone #: () _____
Title: _____ City, State, Zip _____

First & Last Name: _____ Address: _____ Phone #: () _____
Title: _____ City, State, Zip _____

10. PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Domestic | <input type="checkbox"/> Telephone Solicitation | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Retail Sales-New | <input type="checkbox"/> Personal Service | <input type="checkbox"/> Child Care/Preschool | <input type="checkbox"/> Health Care/Social Services | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Retail Sales-Used | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Repair-Automotive | <input type="checkbox"/> Taxicab | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Rental/Leasing | <input type="checkbox"/> Repair-Other | <input type="checkbox"/> Christmas tree Sales | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Professional/Technical | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Fireworks Stand | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Information (Media) | <input type="checkbox"/> Outside Dining | <input type="checkbox"/> Arts/Entertainment | <input type="checkbox"/> Security/Armored Car | <input type="checkbox"/> Tree Pruner |
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Recreation | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Construction | <input type="checkbox"/> Adult Material |
| <input type="checkbox"/> Other _____ | | | | |

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. Business License Fee \$ _____
Fee – Other \$ _____
Inspection Fee \$ _____
Total Due \$ _____

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: _____