



# CITY OF NIAGARA FALLS BUSINESS LICENSE APPLICATION

**RENEWALS-**   
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) Culbert's Pub inc. Business Telephone: (716) 870-4101 Business Fax: ( )

4. Full Business Mailing Address: 8735 Buffalo Ave Niagara Falls NY 14304 Business Email: JOSHYORIO13@ychoo.com

5. Corporate/Entity Name: Culbert's Pub inc 6. NYS Sales Tax Certificate number: EIN# 85-1014411

7. Full Corporate/Entity Address: Culbert's Pub inc. Corporate Telephone: \_\_\_\_\_

8. NIAGARA FALLS BUSINESS LOCATION: 8735 Buffalo Ave Niagara Falls NY 14304

**BUSINESS OWNERSHIP – LIST ALL OWNERS, PARTNERS & OFFICERS**

9. First & Last Name: Joshua Vorio Address: 4845 Hermitage St Phone #: (716) 870 4101  
Title: President City, State, Zip: Niagara Falls NY 14305

First & Last Name: Matthew J. DiFrancesco Address: 408 Morgan Drive Phone #: (716) 857 0066  
Title: Vice President City, State, Zip: Lewiston NY 14092

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 checked="" 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 checked="" 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:  
It's a bar/Restaurant that will sell pub style food BBQ and Alcohol

12. Number of Employees: 8-10

PLEASE CONTINUE FORM ON BACK

13. Does the Applicant have any prior convictions?  YES  NO If YES, please list below:

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14. LICENSE AND FEES: Business & Occupation Fee Business License Fee \$ 25.00  
\$25.00 Fee - Other \$ \_\_\_\_\_  
Inspection Fee \$ \_\_\_\_\_  
Total Due \$ \_\_\_\_\_

15. Acknowledge Term and License Renewal: 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.

Initial here: JY

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 [Signature] Print Name & Title Joshua Yoric President Date 5/26/21  
 \*\*Signature [Signature] Print Name & Title Matthew J DiFrancesco VP Date 5/26/21

**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 \$ 25<sup>00</sup> Date 05/26/21