

## Place of Assembly - Annual Operating Permit Application

Please fill in all applicable information. Incomplete applications will be returned.

New Business

Renewal

Town

Village

Date of Application \_\_\_\_\_ Date Needed by: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address of Activity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Requested seating capacity - (anticipated number of occupants): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Local Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Corporate Contact: \_\_\_\_\_

Corporate Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

**Application continues on reverse side, please turnover and complete.**

