

# TOWN OF CONCORD

86 Franklin Street, PO Box 368  
Springville, NY 14141  
Phone: 716-592-4948  
Fax: 716-592-0123

Town Business Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Erie County Business Certificate Control Number: \_\_\_\_\_ Date: \_\_\_\_\_

New York State DOS ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR BUSINESS PERMIT

Pursuant to the provisions of the Town of Concord Ordinances made and provided for the purpose of conducting business within the Town of Concord, I do hereby apply for a permit to conduct business within the Town of Concord at the following location:

\_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Said Business consists of: \_\_\_\_\_

That the applicant is the owner/tenant pursuant to a deed duly recorded in the office of the Clerk of the County of Erie and/or lease with the owner of said property and which lease is for a period of \_\_\_\_\_ years.

The applicant hereby agrees to comply with all provisions of the Town of Concord Ordinances appertaining to the said premises for the purpose of conducting a business.

I have read the foregoing application and the same is true to my own knowledge.

APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Permit Fee: \$100.00 Checks to be made out to "Town of Concord"

Date Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

Fee is non-refundable.