

BUSINESS REGISTRATION FORM

VILLAGE OF WAVERLY, 32 ITHACA STREET, WAVERLY, NY 14892

PHONE (607) 565-8106 / FAX (607) 565-8109

Property Owner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Business Name: _____

Business Address : _____

Property Insurance Company I.D.: _____ Policy #: _____

Business Owner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Federal Tax ID : _____

Nature of Business:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Apartments # _____ | <input type="checkbox"/> Food | <input type="checkbox"/> Professional Services _____ |
| <input type="checkbox"/> Alcohol, tobacco, or cannabis | <input type="checkbox"/> Firearms | <input type="checkbox"/> General Retail _____ |
| <input type="checkbox"/> Misc (please describe) _____ | | |

NYS and/or Federal Licenses/Permits Required: ☐ Yes ☐ No

State of New York)

:SS.

County of Tioga)

_____, being duly sworn, according to law, deposes and says that the information in the application is true and correct. I understand that any change of the information provided on this form requires the form to be resubmitted to the Village of Waverly.

Sworn and subscribed before me,
A Notary Public, this _____
Day of _____, 20____

(Property Owner Signature)

(Notary Public)

To be filled out by Code Enforcement

Planning Board Review: ☐ Yes If so, date: _____ ☐ No

Site Plan Review: ☐ Yes ☐ No

County Planning Board Review: ☐ Yes ☐ No

NYSDOT Review: ☐ Yes ☐ No

Certificate of Occupancy Granted: ☐ Yes ☐ No

Approved: ☐

Denied: ☐

All Permits Filed:

☐ Yes ☐ No

Code Officer Signature: _____ Date: _____