

VILLAGE OF NEWARK VALLEY

villageofnewarkvalley.com

9 Park Street, P.O. Box 398
Newark Valley, New York 13811
vofnv@stny.rr.com

Phone (607) 642-8686
Fax (607) 238-3808
TDD (800) 6421220 or 711

Nonrefundable Fee _____

Permit # _____

**APPLICATION FOR PERMIT TO OPERATE A BUSINESS WITHIN
THE VILLAGE OF NEWARK VALLEY**

Name and Address of Business:

Name, Address and Telephone of Owner(s):

If corporation, list names and addresses and phone numbers of corporate officers:

Owner(s) and Tax Map Number of Subject Properties:

Business Phone Number: _____

Business Purpose: _____

Number of Employees: _____ Number of Vehicles for Business: _____

Have you filed with the County for DBA (Doing Business As)? _____

Hours and Days of Operation: _____

Will you have hazardous materials? _____ if so, please list: _____

Do you have proof of worker's compensation or disability benefits insurance? _____

Disposal of Waste: _____

Noise Level: _____

If required By CEO, (Code Enforcement Officer), site plan must be included, (boundaries, location, parking, etc.)

Owner is required to be at the Village Board Meeting to answer any questions the Board may have prior to approval. If the owner does not appear, approval will be tabled until the next board meeting that owner is able to attend.

Proof of worker's compensation and disability benefits insurance is required where applicable. Failure to show proof will delay approval of new business.

Any misrepresentation of purpose of business could cause revocation of business permit.

Permission is hereby granted to Village Code Enforcement Office for an annual fire safety inspection of the premises.

I hereby state that the above information provided on this form is the most current and accurate as of this date.

Signature: _____

Date: _____

Title: _____

This application is to be forwarded to the Village Clerk, 9 Park Street, Newark Valley, along with **\$30.00** for the nonrefundable application fee.

Clerk's Signature: _____