

**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

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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:

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Name, Address and Telephone of Owner(s):

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

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

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Business Phone Number: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

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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: \_\_\_\_\_