

MISCELLANEOUS PERMIT II APPLICATION

Type of Permit you are applying for:

Name of Applicant :

(Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): *See instructions. You must provide a trade name or indicate that no trade name will be used.*

Street Address of the Main License or Primary Business Office:

City:

, NY

Zip Code:

County:

Federal Identification Number (FEIN):

License Number:

Date Issued:

Mailing Address of Applicant:

City:

, NY

Zip Code:

County:

PERMIT ADDRESS INFORMATION

Venue /Premises Street Address for which the permit is sought :

City:

, NY

Zip Code:

County:

Telephone Number:

E-mail address:

Name of Landlord/Property Owner:

CONTACT INFORMATION

Name of Contact

Attorney

Representative

Contact Person

Office Address

City:

State

Zip Code

Telephone Number of Office (Include Area Code)

E-mail Address (if available)

[OFFICE USE ONLY] APPROVED DISAPPROVED