

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