

Village of Florida
33 South Main St.
Florida, New York 10921

Business License Application

Pursuant to Chapter 81 of the Code of the Village of Florida, an investigation of the character of the business and operator may be required prior to the issuance of a license.

Business Information

Name of Proposed Business: _____

Location of Proposed Business: _____

Type of Business: _____

Days of Operation: (please circle) M T W Th F S Sun

Hours of Operation: _____ AM to _____ PM

Items to be Sold: _____

Is licensing by the Department of Health Necessary? ___ Yes ___ No

If so, please attach a copy.

Business is: Temporary ___ Permanent ___ Seasonal ___

Layout of Operation: Please attach a sketch of the premises showing the location of the business on the property.

Will a site plan be provided if deemed necessary? ___ Yes ___ No

Will business be conducted within a closed structure? ___ Yes ___ No

If within 500' of another municipality, is County approval required? ___ Yes ___ No

If located along a state highway, is NYS approval required? ___ Yes ___ No

Traffic Control (Please summarize your plans to control the flow of traffic):

Has this business ever been licensed to operate by another municipality?

___ Yes ___ No **Where:** _____ **Dates:** _____ to _____

(If more than one, please attach additional sheet)

Business References: (Name, address and telephone)

1. _____
2. _____
3. _____

CREDIT/REFERENCE CHECK AUTHORIZATION
(for submission to applicable person or agency)

I, _____ DO HEREBY AUTHORIZE
THE VILLAGE OF FLORIDA TO INQUIRE FROM _____
ANY INFORMATION REGARDING MY HISTORY WITH THIS INSTITUTION
AND HEREBY FURTHER AUTHORIZE THE RELEASE OF SUCH
INFORMATION TO THE VILLAGE OF FLORIDA.

SIGNATURE OF APPLICANT

DATE: _____