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:	n			
Hours of Operation:AM to PM				
Items to be Sold:	Yes	No		
If so, please attach a copy.	_ 105	_ 1 (0		
Business is: Temporary Permanent Season	าดไ			
Layout of Operation: Please attach a sketch of the pren		wina		
the location of the business on the property.	11303 3110	wing		
	Voc	No		
Will a site plan be provided if deemed necessary?				
Will business be conducted within a closed structure?	<u> </u>	No		
If within 500' of another municipality, is County approval required?	Yes $-$	$-\frac{N_0}{N_1}$		
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 municipal state of the s	ipality?			
YesNo Where:Dates:Dates:	to			
(If more than one, please attach addition	ial sheet)			
Business References: (Name, address and telephone)				
1.				
2.				
3.				

Personal Information

Name of Applicant:			
Name of Applicant:	(If Corporation	, names of primary Officers)	
Please list any other names previously used by applicant:			
Residence of Applicant:			
• • • • • • • • • • • • • • • • • • • •	(If Corporation	, location of principal place of business)	
		No. of Years	
Previous Address of Applica	ant:		
		No. of Years	
Social Security Number:		Veteran: Yes No (If yes, please attach DD214)	
Driver's License Number: _ Have you ever been convicted	1 0 1	Issuing State:	
Have you ever been convicte Yes No	ed of a crime	e (felony or misdemeanor)?	
Are you now under charges	for any crin	ne? Yes No	
1. 2. 3.			
I affirm that all statements attached papers) are true unare advised that all statements application for a license are	made on this nder the pen nts made by	application (including any alties of perjury. (Applicants them in connection with their exestigation and verification.)	
Signature of Applicant Name)	Date	Please print any other surname (Last	

Note: Check to make sure that all applicable questions have been answered. An incomplete application may result in disapproval.

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

I,	DO HEREBY AUTHORIZE
THE VILLAGE OF FLORIDA TO I	NQUIRE FROM
ANY INFORMATION REGARDING	G MY HISTORY WITH THIS INSTITUTION
AND HEREBY FURTHER AUTHO	RIZE THE RELEASE OF SUCH
INFORMATION TO THE VILLAG	E OF FLORIDA.
	DATE:
SICNATUDE OF ADDITIONT	