

TOWN OF CONCORD  
86 Franklin Street, PO Box 368  
Springville, NY 14141  
Phone: (716) 592-4948  
Fax: (716) 592-0123

Permit # \_\_\_\_\_  
Date \_\_\_\_\_

**APPLICATION FOR BUSINESS PERMIT**  
**ALL FEES ARE NON-REFUNDABLE**

Pursuant to the provisions of the Town of Concord Ordinances made and provided for the conduct of a business within the Town of Concord, I do hereby apply for a permit to conduct a business in the Town of Concord at the following location:

\_\_\_\_\_  
\_\_\_\_\_

Type of Entity: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Said business consists of: \_\_\_\_\_

That the applicant herein is the (owner) (tenant) pursuant to a deed duly recorded in the office of the Clerk of the County of Erie and/or lease with the owner of said property and which lease is for a period of \_\_\_\_ years.

The applicant hereby agrees to comply with all provisions of the Town of Concord Ordinances appertaining to the said premises.

I have read the foregoing application. The same is true to my own knowledge.

APPLICANT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Permit Fee: \$100.00

Date Paid: \_\_\_\_\_

Revised 6/2018