

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

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