

Business Owner: _____

Residential Address: _____

Telephone Number: (Home) _____ (Cell) _____

Partner or Employee (circle one)

Residential Address: _____

Telephone Number: (Home) _____ (Cell) _____

Partner or Employee (circle one)

Residential Address: _____

Telephone Number: (Home) _____ (Cell) _____

If there are additional business owners, operators, principals, agents, or managers, please attach an additional sheet with their names, addresses, and home and cell numbers.

Emergency Contact Information (a county resident available 24-hours a day)

Contact Name: _____

Contact Address: _____

Telephone Number: (Home) _____ (Cell) _____

Property Owner Information:

Name: _____

Residential Address: _____

Property Owner Telephone Number: (Home) _____ (Cell) _____

1. Identify all businesses owned or operated by the business owner(s) and/or operator(s) during the ten (10) year period immediately preceding the date of this application by name & provide all business addresses and the current status of each business (City Ordinance Sec. 183-6).

2. Has the property owner, business owner(s), and/or operator(s) of the proposed business had a certificate of use denied, suspended or revoked during the previous three (3) years by the City of Schenectady or any other municipality? If yes, provide the name of the business(s), the date or dates of the denial, suspension or revocation, and the reason or basis for the denial, suspension, or revocation (City Ordinance Sec. 183.6)

3. Has the business owner(s), co-owner(s) and/or operator(s) ever been convicted of a crime in the last five (5) years? If yes, provide the date of the conviction, the crime originally charged, the crime of conviction, and the jurisdiction where the conviction was entered (City Ordinance Sec. 183.6)

I understand that false statements or material misrepresentations made on this application may result in the denial or revocation of the Certificate of Use.

Business Owner Signature

Print Name

Property Owner Signature

Print Name

Business Operator Signature

Print Name

Date

For Business Owners Only:

I am not now, nor for a period of at least one (1) year preceding this application, subject to suspension or revocation of a certificate of use with respect to any business I own or in which I have a financial interest.

Initial

I am not now under investigation for any violation of the Code of the City of Schenectady, the code of any other city or municipality or of any violation of any local, state or federal government relating to the operation of any business I own or operate.

Initial

I, as a co-owner or operator of the proposed business, am not now subject to suspension or revocation of a certificate of use with respect to any business I own or operate or in which I have a financial interest.

Initial

___ **Planning/Zoning Department Approval**

___ **Tax Department Printout of Property Taxes/Payment Status**

(Available in Room 100 at INFORMATION WINDOW—NOT CASHIER WINDOW)

DOCUMENTS REQUIRED:

___ Fire Insurance Policy: _____
(provide declaration page)

___ Liability Insurance Policy of \$500,000: _____
(provide declaration page)

___ Property Deed or Lease of Business

___ **Photo Identification for Individual(s) Listed Below**

(e.g. Driver's License, Passport, Immigration or Citizenship records)

___ Business Owner(s)

___ Principal(s)/Partner(s)/Agent(s)/Operator(s)/Manager(s)

___ **Social Security Card for Each Individual Listed Below**

___ Business Owner

___ Principal(s)/Partner(s)/Agent(s)/Operator(s)/Manager(s)

___ **Tax Identification Certificate**

___ **Business Licenses and Certifications:**

___ Food Processing Permit

___ Food Service Permit

___ DBA or Corporation documentation certified by the County or New York State

___ Tobacco Permit

___ SLA License or copy of Application

___ Two (2) copies of Architectural Stamped Floor Plans

___ Proof of Workers' Compensation or Waiver

___ Proof of Disability Insurance or Waiver

DOCUMENTS REQUIRED (cont'd):

- ___ Utility Bill
- ___ Confirmation of all bank accounts utilized in the operation of the business
- ___ Waste Collection Agreement
- ___ Credit Report Application for Each Applicant
- ___ Check or Money Order for \$25.00 made out to SLDC (Schenectady Local Development Corp.) for EACH credit report.

Business References:

1) _____
Name Address Tele. Number

2) _____
Name Address Tele. Number

Personal Reference:

1) _____
Name Address Tele. Number

**** ALL INFORMATION MUST BE SUBMITTED FOR ALL INTERESTED PARTIES ****

(FOR OFFICE USE ONLY)

Zoning Approval: _____

Code Enforcement: _____

Date: _____

Date: _____

Planning Approval: _____

Fire Inspection: _____

Date: _____

Date: _____



**BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY
NEW YORK**

City Hall
105 Jay Street, Room 17
Schenectady, NY 12305
Tele: (518) 382-5050
Fax: (518) 372-9459

CERTIFICATE OF USE

INFORMATION FOR APPLICANT

DBA (Doing Business As): Schenectady County Clerk
620 State Street
Schenectady, NY 12305
Tele: (518) 388-4280

Tobacco Permit: New York State Department of Taxation & Finance
W.A. Harriman Campus
Building #9
Albany, NY 12227
Email: www.tax.state.ny.us

**New York State Liquor
Authority (SLA) &
Alcohol Beverage
Control (ABC)** 80 South Swan Street
9th floor
Albany, NY 12210
Email: www.SLA.ny.gov
Tele: (518) 474-3114

Food Service Permit: Contact the Schenectady County Environmental Health
(if restaurant is more than 107 Nott Terrace, Suite 300
50% food service) Schenectady, NY 12308
Tele: (518) 386-2818

Food Processing Permit: NYS Department of Agriculture & Marketing
(if less than 50% retail) 10-B Airline Drive
Albany, NY 12235
Tele: 1-800-554-4501

Single Report Contract

The undersigned (hereinafter referred to as the requester) petitions C.C.B MANAGEMENT OF TEXAS, INC doing business as Central Credit Bureau (hereinafter referred to as the Credit Bureau) for the use of its services upon the basis outlined below and, if accepted by said Credit Union as a non-member user of services, agrees that the following shall constitute the service contract between the Requester and the Central Credit Bureau. Request is hereby made to furnish a credit report on the following:

CONSUMER INFORMATION

NAME SOC. SEC # DATE OF BIRTH SPOUSE'S NAME

CURRENT ADDRESS CITY STATE ZIP CODE

FORMER ADDRESSES CITY STATE ZIP CODE
(please show address of residency for a total of 4 years)

EMPLOYER'S NAME AND ADDRESS CITY STATE ZIP CODE

THE REQUESTER AGREES:

To adhere to all provisions of Public Law 91-508 Fair Credit Reporting Act (copy available from Credit Bureau) and other applicable state and federal statutes. Willful failure to comply is punishable under the PCRA and any person who knowingly and willfully obtains information on a customer from a consumer reporting agency under false pretenses shall be fined not more than \$5,000.00 or imprisoned not more than one year, or both.

THAT INFORMATION IS BEING ACQUIRED ONLY FOR THE REQUESTER'S EXCLUSIVE, ONE-TIME USE.

To hold in strict confidence all information received from the Credit Bureau, whether written, printed, or oral, same being for exclusive use of Requester, and in case the disclosure of such information leads to any claims or litigation, to hold the Credit Bureau harmless from any liability or damages resulting there from. The Credit Bureau shall not be liable in any manner whatsoever for any loss or injury to Requester resulting from obtaining or furnishing of such information and shall not be deemed to have guaranteed the accuracy of such information, such information being based, however, upon report obtained from sources considered by the Credit Bureau to be reliable.

THE CREDIT BUREAU AGREES:

To furnish all available pertinent information on the subject of this inquiry, including but not limited to: identifying information, credit history, employment and public record information in file, such information being furnished at the special request of Requester, as evidence by the signature of this application.

In witness of my/our consent and agreement to the matters stated above, I/we have subscribed our signatures below.

REQUESTER: _____ REQUESTER SIGNATURE: _____ DATE: _____

AUTHORIZATION AND CERTIFICATION OF CONSUMER:

I affirm that the foregoing is a true and correct statement of my affairs, given for the purpose of securing credit, and authorize the Credit Bureau named to make a complete investigation of me, and to furnish to its applicant reports based thereupon. I release the Credit Bureau named from all liability arising from this investigation.

CONSUMER NAME: _____ CONSUMER SIGNATURE: _____ DATE: _____
Print

**Mail the completed contract
with your remittance to:**

**CENTRAL CREDIT BUREAU
PO Box 388. Burnt Hills. NY 12027-0388**

NOTE: THIS CONTRACT MUST BE SIGNED BY BOTH REQUESTER AND CONSUMER

