

CITY OF BUFFALO - LICENSE APPLICATION



65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202
Phone (716) 851-4078 Fax (716) 851-4952

Parking Lot Application

Sole Proprietor Corporation Partnership Limited Liability Company

Corporation Name _____ Business Phone () ____ - _____

Business Name (dba) _____ Business Fax () ____ - _____

Business Address (no PO Box) _____

Mailing Address (if different) _____

NYS Tax ID # _____ E-Mail _____

Owner/Applicant

Applicant (last, first) _____ Home Phone _____

Home Address: (PO Box not acceptable) _____

Parking Lot Address: _____

Number of parking spaces _____

Days & hours of parking lot operations _____

Schedule of parking rates _____

Check one: parking attendant automated pay phone

Responsible contact person _____ **Phone** _____

RATE PER PARKING SPACES

6-10 spaces	\$225	76 – 100 spaces	\$1000
11-25 spaces	\$350	101 - 150 spaces	\$1500
26-50 spaces	\$550	151-1000 spaces	\$1650
51-75 spaces	\$725		

For office use only
 Subscribed and sworn before me this
 ____ day of _____ 20 ____

 Commissioner of Deeds -- City of Buffalo

App No _____
 Date issued: _____

I am aware of the obligation to provide timely notice of any change in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business. Initial ____

As an authorized agent of the entity identified above, I certify the information on this form is true, correct, complete and current to the best of my knowledge and belief.

Print Name _____

Signature _____ **Date** _____

OFFICE OF LICENSES
301 CITY HALL
BUFFALO, New York 14202
(716) 851-4798

**REQUIRED COPIES OF DOCUMENTATION
TO BE SUBMITTED WITH
BUSINESS LICENSE APPLICATION**

- PHOTO COPY OF** - current **Government Issued Photo Identification**
(i.e. Driver's License or Green Card)
- PHOTO COPY OF** - current **Utility Bill** listing Applicants **Home** address
- PHOTO COPY OF** - New York State **Tax ID Certificate** or **Social Security Number**
- PHOTO COPY OF** - **DBA** (Business Certificate) or **Corporate Filing Receipt**
(not required for personal licenses, i.e. taxi driver, peddler, etc.)
- PHOTO COPY OF** - Proof of **Ownership Of Property** (Deed) for **Business** location or a **Commercial Lease Agreement** not required for personal license, i.e. taxi driver, peddler, etc.)
- INSURANCE CERTIFICATE** - Liability Insurance Certificate (naming Office of Licenses as the certificate holder) of not less than \$100,000 per person and \$300,000 for each accident and \$10,000 for property damage and up to \$25,000 for fire, theft and vandalism covering vehicles parked or stored on the licensed premise.
- PLOT or DRAWING** of said parking lot indicating location, size and capacity and the location and size of entrances and exits and location, size and construction of attendants' station (if applicable).
- Completed Application and License Fee**
- Complete New License Application Affidavit**
- Submit a Police Record Check**

**APPLICATIONS MUST BE COMPLETED AND SUBMITTED
WITH ALL REQUIRED DOCUMENTATION**

NO EXCEPTIONS