

# CITY OF BUFFALO - LICENSE APPLICATION



65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202  
 Phone (716) 851-4078 / (716)851-6583 Fax (716) 851-4952

**All information on this form is public record.**

## COIN-OPERATED VENDING MACHINE LICENSE APPLICATION

**Corporation Name** \_\_\_\_\_ **Business Phone** ( ) \_\_\_\_ - \_\_\_\_\_

**Business Name** (dba) \_\_\_\_\_ **Business Fax** ( ) \_\_\_\_ - \_\_\_\_\_

**Business Address** (no PO Box) \_\_\_\_\_

**Mailing Address** (if different) \_\_\_\_\_

**NYS Tax ID #** \_\_\_\_\_ **Business Website** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Owner(s)/ Principal Partners**

**Applicant** (last, first) \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Home Address:** (PO Box not acceptable) \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Have you ever been convicted of a crime?**  yes  no

**Co-Applicant** (last, first) \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Home Address:** (PO Box not acceptable) \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Have you ever been convicted of a crime?**  yes  no

**\$25.00 per machine**

Number of machines	Location of Machine (Street Address)	Type of Business at this location

Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
 Commissioner of Deeds in and for the  
 City of Buffalo, New York

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.

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** \_\_\_\_\_