



BUSINESS REGISTRATION

City of Cohoes
97 Mohawk Street
Cohoes, New York 12047

BUSINESS INFORMATION

Business name:		
Business Address	Email	Website
Current mailing address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	Business phone:	Cell Phone:

PROPERTY MANAGER INFORMATION

Name of Agent:		
Agent address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Website:	Hourly Salary <i>(Please circle)</i>	Annual income:

PRIMARY CONTACT/BUSINESS OWNER

Owner Name:		
Address:		Phone:
City:	State:	ZIP Code:
Email:		

BUSINESS PARTNER INFORMATION IF JOINT MEMBERSHIP

Name:		
Address:	Email:	Phone:

BUSINESS MANAGER INFORMATION

Name:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

TYPE OF BUSINESS

Retail	Office	Entertainment
Service	Commercial Retail/Wholesale	Transportation
Restaurant	Medical	Other (specify)

ADDITIONAL INFORMATION

Number of employees:	Nature of business:
Hours of operation:	Federal ID#:

SIGNATURES

I authorize the verification of the information provided on this form as to my business.	
Signature of applicant:	Date:
Signature of co-applicant:	Date:

Attach the following:

- Completed Affidavit explaining the full intent of your business
- Copy of NYS Driver's license, State ID or Military ID
- Copy of Sales Tax Certificate
- Copy of any State, County, or Federal licenses required to operate your business. (alcohol, health, DBA, automotive, hazards, etc)
- Copy of the Certificate of Occupancy (obtain from building owner if you are not the owner)