

**Application for License**  
**Business or Occupation**  
**TOWN OF LAKE GEORGE, NY**

**INFORMATION ABOUT APPLICANT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

Have you ever been convicted of any crime other than a minor traffic infraction? If so, please state type of criminal conviction, place of conviction, and date of conviction.

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT PROPOSED BUSINESS**

If more than one business will be operating at the same location under this license, please attach additional sheets and include all of the following information for each such additional business

Name of Business: \_\_\_\_\_  
**Physical Location Address:** \_\_\_\_\_  
**Mailing Address** (if different): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Do you want your website to be linked on Town's Web Page: \_\_\_\_ YES \_\_\_\_ NO

NYS Sales Tax Number: \_\_\_\_\_  
Description of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If seasonal, Opening date: \_\_\_\_\_ Closing date: \_\_\_\_\_  
If transient business, dates of proposed operation: \_\_\_\_\_

- a) Do you currently operate at any other address?
- b) \_\_\_\_ YES \_\_\_\_ NO
- c) Will the business involve the sale or distribution of any alcoholic beverage?  
\_\_\_\_ YES \_\_\_\_ NO
- d) Will the business involve nudity, semi nudity, or adult entertainment?  
\_\_\_\_ YES \_\_\_\_ NO
- e) Does your business involve storage, sale, or use of firearms or ammunition?  
\_\_\_\_ YES \_\_\_\_ NO
- f) Will the business involve any manufacturing or assembly work done on the site?  
\_\_\_\_ YES \_\_\_\_ NO
- g) Will the business involve any woodworking?
- h) \_\_\_\_ YES \_\_\_\_ NO
- i) Will the business include the sale, storage, or use of hazardous materials, flammables, corrosives, or toxins, other than over the counter type products regularly used for cleaning?  
\_\_\_\_ YES \_\_\_\_ NO

j) Will your business have any special requirements for police and/or fire protection?  
\_\_\_\_ YES \_\_\_\_ NO

If you answered YES to any of the questions (a) through (j), please explain:

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- What is the anticipated number of people to be employed? \_\_\_\_\_
- What is the maximum number of people who will be permitted on the premises, including the owners, employees, guests, and members of the public? \_\_\_\_\_
- Answer where applicable:  
Restaurants                      Number of seats: \_\_\_\_\_  
Accommodations                  Number of rooms/cottages: \_\_\_\_\_  
Campgrounds                      Number of sites: \_\_\_\_\_
- Are you the owner of the premises where the business will be located?  
\_\_\_\_ YES \_\_\_\_ NO
- If no, please state the name of the property owner and whether you will be occupying the premises under a lease agreement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENTS REQUIRED:**

\_\_\_\_ **Proof of Workers' Compensation Insurance (form C-105.2 or GSI 105.2)  
AND Disability Insurance Coverage (form DB-120.1 or DB-155)  
OR  
\_\_\_\_ Form CE 200 for businesses without employees( [www.wcb.ny.gov](http://www.wcb.ny.gov))**

**License Fee: \$25.00**

*At the discretion of the Town Board and/or Town Clerk a copy of the lease agreement maybe required.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only**

**Date:** \_\_\_\_\_

**Permit fee been paid? \_\_\_\_ YES \_\_\_\_ NO      License No. \_\_\_\_\_**

\_\_\_\_ **Workers' Compensation form C-105.2 or GSI-105.2 received**

\_\_\_\_ **Disability Insurance form DB-120.1, DB-820/829, or DB-155 received**