

Village of Gowanda

27 East Main Street
P.O. Box 109
Gowanda N.Y. 14070

Phone: (716)-532-3353

Date: _____

APPLICATION FOR BUSINESS PERMIT

Pursuant to the provisions of the Village Ordinances made and provided for the conduct of a business within the Village of Gowanda. I DO HEREBY APPLY for a permit to conduct a business in the Village of Gowanda at _____ Gowanda, New York.

Said Business consists of: _____

That the applicant herein is the (owner) (tenant) pursuant to a deed duly recorded in the office of the Clerk of the County of (Erie) (Cattaraugus) and/or lease with the owner of said property and which the lease is for a period of (___ years) (___ months). It is the intention of the applicant herein to commence such business within a period of (___ days) (___ months).

The applicant hereby agrees to comply with all the provisions of the Villages Ordinances appertaining to said premises.

Will any alterations be done? (Describe) _____

Will any plumbing work be done? (Describe) _____

Will any electrical work be done? (Describe) _____

I have read the foregoing application. The same is true of my own knowledge, except as to matters therein stated to be alleged on information and belief, and as to those matters, I believe it to be true.

(Applicant)

(Home Phone)

(Bus. Phone)

(Mailing Address)

Village of Gowanda

AUTHORIZATION AND CONSENT FOR A PERSONAL, CRIMINAL, AND/OR PROFESSIONAL BACKGROUND CHECK

The purpose of this form is to verify that the applicant understands and consents to the Village of Gowanda's background record check process.

Part I: APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	OTHER NAMES USED:
DATE OF BIRTH:	SOCIAL SECURITY #:	DRIVER'S LICENSE STATE/#:	CURRENT ADDRESS:

Part II: RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

By signing this consent form I am acknowledging that I understand and consent to the following statements:

1. I grant permission to and authorize the Village of Gowanda and/or its agent(s) to conduct a personal and/or professional background check for the purpose of [DESCRIBE REASON FOR CHECK] _____
2. I hereby authorize the Village of Gowanda Police Department to release any criminal records and/or reports pertaining to myself that may be obtained in the process of conducting such background check to the Village of Gowanda.
3. **I UNDERSTAND THIS INFORMATION AND ANY REPORT FROM IT IS STRICTLY CONFIDENTIAL AND WILL ONLY BE RELEASED IN ACCORDANCE WITH THIS AUTHORIZATION AND CONSENT. AT THIS TIME, AND UNTIL INFROMED IN WRITING TO THE CONTRARY, I HEREBY AUTHORIZE AND DIRECT THE RELEASE TO THE VILLAGE OF GOWANDA AND/OR ITS AUTHORIZED AGENT(S) ANY INFORMATION CONMCERNING EMPLOYMENT, EDUCATION, CRIMINAL RECORD, AND/OR**

ANY OTHER INFORMATION DEEMED RELEVANT BY THE VILLAGE OF GOWANDA IN CONNECTION WITH THIS BACKGROUND CHECK.

- 4. I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY ANY PERSON OR ORGANIZATION THAT PROVIDES INFORMATION TO THE VILLAGE OF GOWANDA, AND ITS EMPLOYEES, OFFICERS AND OFFICIALS, OR ANY AUTHORIZED REPRESENTATIVES AS A RESULT OF THIS AUTHORIZATION AND CONSENT.**
5. I understand and agree that statements and/or omissions regarding past conduct and/or present situations may be grounds for revocation of [CIRCLE ONE] permit/license/other for which I am applying.

Print Name: _____

Sign Name: _____

Date Signed: _____