



# VILLAGE OF GOWANDA

27 E Main Street • Gowanda, NY 14070

(716)532-3353 • Fax (716)532-2938

## BUSINESS PERMIT APPLICATION

Business Name:

Business Address:

Business Mailing Address:

Property Owner:

Desired Opening Date:

### APPLICANT INFORMATION

Applicant Name:

Applicant Address:

Applicant Mailing Address:

Applicant Phone Number:

## **BUSINESS INFORMATION**

**Business Structure: (Sole Proprietor, Partnership, LLC, Corporation) Other:**

**Type of Business (Retail, service, etc):**

**List all of the services/products your business will offer:**

**Address each of the following as it relates to your business.**

**Parking for employees, customers and suppliers:**

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**Hours of Operation:**

**Monday:**

**Tuesday:**

**Wednesday:**

**Thursday:**

**Friday:**

**Saturday:**

**Sunday:**

**Noise from business operation:**

**Signage for the business:**

**Infrastructure needs in the excess of current use (Electric, Water, Sewer, etc):**

**All Businesses must:**

1. Contact the Gowanda Code Enforcement Officer prior to doing any interior or exterior work on the building.
2. Produce a Business plan to outline your business goals and objectives and attach it to this application.
3. Register Business name with Cattaraugus County Clerk's Office and attach a copy to this application.
4. Apply and submit a copy of your NYS Tax Resale Permit.
5. Allow the Code Enforcement Officer to conduct an inspection of the premises.
6. Obtain a Federal Employer Identification Number (EIN) and provide a copy with this application.
7. Obtain Workers Compensation and Disability Insurance coverage for your employees and attach copies to this application if applicable.
8. Be approved by the Village of Gowanda board to conduct a Business within the Village.
9. Be issued a Business Permit by the Village of Gowanda prior to operating the proposed business.

**Helpful Information:**

- Sales Tax I.D. Number: Contact the New York State Department of Taxation and Finance (1-800-462-8100) and ask for a Sales Tax Kit or visit [WWW.nystax.gov](http://WWW.nystax.gov).
- State Taxes: General information contact the New York State Department of Revenue (1-800-225-5829) or visit [WWW.nystax.gov](http://WWW.nystax.gov).
- Federal Taxes and Federal Employer Identification Number (EIN): If you are forming a corporation or a partnership or if you plan to hire employees you must file for an EIN (IRS Form SS-4). If you are a sole proprietorship with no employees, you may use your own social security number on federal tax forms. Stop at your local IRS office, Call 1-866-816-2065 for the appropriate paperwork, or visit [WWW.irs.gov](http://WWW.irs.gov).
- Contact your local office of the New York State Department of Labor to determine your obligation to the New York State Unemployment Tax.
- Contact the New York State Department of Taxation and Finance (1-800-462-8100) regarding forms for New York State withholdings or visit [WWW.nystax.gov](http://WWW.nystax.gov).
- New York State law requires that you obtain Workers Compensation and Disability Insurance coverage for your employees.

# **BUSINESS PERMIT INSPECTION CHECKLIST**

Name:

Address:

Phone Number:

Business Name:

Business Address:

Business County:

Business Town:

Business Phone Number:

Business Website:

|   | <b>Administrative Inspection</b>                 | <b>PASS</b> | <b>FAIL</b> | <b>N/A</b> |
|---|--|-------------|-------------|------------|
| 1 | Permit Application submitted.                    |             |             |            |
| 2 | Application fee submitted                        |             |             |            |
| 3 | Business Plan submitted                          |             |             |            |
| 4 | Copy of Business License, LLC, DBA submitted     |             |             |            |
| 5 | Tax Resale Certificate submitted                 |             |             |            |
| 6 | Federal Employer identification number submitted |             |             |            |
| 7 | Workers Compensation Insurance submitted         |             |             |            |

|    |  |  |  |  |
|----|--|--|--|--|
| 19 | <b>Disposal of Garbage.</b> <i>Every occupant of a structure shall dispose of garbage in a clean and sanitary manner by placing such garbage in an approved garbage disposal facility or approved garbage containers.</i>  |  |  |  |
| 20 | <b>Containers.</b> <i>The operator of every establishment producing garbage shall provide, and at all times cause to be utilized, approved leakproof containers provided with close-fitting covers for the storage of such materials until removed from the premises for disposal.</i> |  |  |  |
| 21 | <b>Signage.</b>  |  |  |  |

|    | <b>Interior</b>   | <b>PASS</b> | <b>FAIL</b> | <b>N/A</b> |
|----|---|-------------|-------------|------------|
| 1  | <b>Interior Surfaces.</b> <i>Interior surfaces, including windows and doors, shall be maintained in good, clean and sanitary condition. Peeling, chipping, flaking or abraded paint shall be repaired, removed or covered. Cracked or loose plaster, decayed wood and other defective surface conditions shall be corrected.</i>  |             |             |            |
| 2  | <b>Stairs and Walking Surfaces.</b> <i>Every stair, ramp, landing, balcony, porch, deck or other walking surface shall be maintained in sound condition and good repair.</i>  |             |             |            |
| 3  | <b>Handrails and Guards.</b> <i>Every handrail and guard shall be firmly fastened and capable of supporting normally imposed loads and shall be maintained in good condition.</i>   |             |             |            |
| 4  | <b>Interior Doors.</b> <i>Every interior door shall fit reasonably well within its frame and shall be capable of being opened and closed by being properly and securely attached to jambs, headers or tracks as intended by the manufacturer of the attachment hardware.</i>  |             |             |            |
|    | <b>Restrooms</b>  |             |             |            |
| 5  | <b>Employee Restrooms.</b> <i>Not less than one water closet, one lavatory and one drinking facility shall be available to employees.</i>   |             |             |            |
| 6  | <b>Public Restrooms.</b> <i>Public toilet facilities shall be maintained in a safe, sanitary and working condition in accordance with the Plumbing Code of New York State. Except for periodic maintenance or cleaning, public access and use shall be provided to the toilet facilities at all times during occupancy of the premises.</i>   |             |             |            |
| 7  | <b>Diaper Changing Stations.</b> <i>Diaper changing stations installed in any building shall be maintained in a safe, sanitary, and working condition.</i>  |             |             |            |
| 8  | <b>Water.</b> <i>Every sink, lavatory, bathtub or shower, drinking fountain, water closet or other plumbing fixture shall be properly connected to either a public water system or to an approved private water system. Kitchen sinks, lavatories, laundry facilities, bathtubs and showers shall be supplied with hot or tempered and cold running water in accordance with the Plumbing Code of New York State.</i>           |             |             |            |
| 9  | <b>Heat.</b> <i>Every owner and operator of any building who rents or leases on terms, either expressed or implied, to furnish heat to the occupants thereof shall supply heat during the period from September 15th to May 31st. to maintain a minimum temperature of 68°F (20°C) in all habitable rooms, bathrooms and toilet rooms.</i>  |             |             |            |
| 10 | <b>Electrical Systems.</b> <i>Where it is found that the electrical system in a structure constitutes a hazard to the occupants or the structure by reason of inadequate service, improper fusing, insufficient receptacle and lighting outlets, improper wiring or installation, deterioration or damage, or for similar reasons, the building official shall require the defects to be corrected to eliminate the hazard.</i> |             |             |            |

|    | Additional Comments / Misc. Unsafe Conditions / Recommendations |
|----|---|
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| 9  |   |
| 10 |   |

Inspected By: \_\_\_\_\_

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