VILLAGE OF HASTINGS-ON-HUDSON
Buildings Department

Application for Certificate of Business Operation

1. File one (1) completed application for Certificate of Business Operation, with original signature and notarization with the Office of the Building Inspector.
2. Pay an application fee $25.00
3. Upon receipt of the application and prescribed fee, the premises will be inspected by the Building Inspector and Fire Inspector.
4. Any required building, plumbing and electrical permits must be secured and work successfully completed, before a Certificate of Occupancy and Certificate of Operation will be issued.

Application Number:.....Date of Application:.....

Property Owner's Name:.....

Property Address:.....

Sheet:.....Block: .....Lot/Parcel: .....Zoning District: .....

Applicant/Business Operator:.....

Business Address:.....

Mailing Address, if different from Business Address:.....

Daytime Phone Number: .....Fax Number: .....

E-mail Address:.....

Type of Business:.....

Name of Business: .....

Days and Hours of Operation:.....

Maximum Number of Employees at Any One Time: .....

Maximum Number of Clients/Customers at Any One Time: .....

Does this Business Require any other Licenses from NYS, Westchester County etc: :.....

If Yes, List the Licenses/Issuing Agency Names: .....

Have Other Such Required Licenses Been Secured: ..... YES. ☐;..... NO. ☐ ; .....NOT APPLICABLE. ☐.....

Application for Certificate of Business Operation

STATE OF NEW YORK
COUNTY OF WESTCHESTER ss.:

I hereby depose and say that all of the above statements and statements contained in all papers I have submitted in connection with this application are true. I further depose and say that I have secured or will secure all the permits and licenses necessary for and applicable to the operation of business as described in this application, at this location. It is understood that the certificate of operation from the Village of Hastings-on Hudson does not exempt me and my business from any other required certificates and licenses from any other agencies having jurisdiction.

_____
Applicant

Sworn to before me this _____ day
of _____ , 20__

_____
Notary Public