



BUSINESS REGISTRATION APPLICATION

Date Submitted:

Ledgeview Zoning & Planning Commission

This application form must be submitted online at <https://townofledgeview.zoninghub.com/>
Hard copy applications will not be accepted.

Completed application must be submitted to the Zoning Administrator no less than twenty one (21) days prior to the first Monday of the month before 12:00pm (noon) to be included on that month's ZPC agenda Zoning and Planning Commission Wednesday after the first Monday of the month at 6:00 p.m. at the Ledgeview Municipal Building.
[Click here for the ZPC meeting calendar.](#)

1) Business Information

Business Name: _____ Previous Use of Space: _____

Property Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Intended Business Use: _____

Hours of Operation: _____ # of Employees (Full/Part): _____

Area of Space (in SF): _____ # of Toilet Fixtures: _____ Seating Capacity (If appl.): _____

Hazardous Chemicals Used or Stored on Site: Yes No

If a separate water meter is present for tenant space, who will pay the water bill: Tenant Property Owner

What date would this water bill be effective as of: _____ Sprinkler System: Yes No

2) Applicant Information (Usually business owner)

Name: _____

Business Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

2) Property Owner Information *This section can be left blank if the same as above.*

Name: _____

Business Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

3) Public Dispatch Information

Burglar Alarm System: Yes No Safe/Cash Box on Site: Yes No

Location of Alarm Panel: _____ Location of Safe: _____

Was Alarm Permit Issued: Safe Visible from Outside: Yes No

Interior Lights Left on when Business is Closed: Yes No

Location (if yes):

Exterior Lights Left on when Business is Closed: Yes No

Location (if yes):

4) Business Key Holder Information

1st Key Holder Name:

Phone Number: Mobile Number:

2nd Key Holder Name:

Phone Number: Mobile Number:

3rd Key Holder Name:

Phone Number: Mobile Number:

Notes

- Attendance by the applicant is strongly encouraged at both Zoning and Planning Commission and Town Board meetings where action/approval is to take place. It is the policy of the Zoning and Planning Commission to give applicants the opportunity to speak at such meetings. Contact the Zoning Administrator for the meeting schedule.
- The applicant/owner of the above parcel(s) hereby gives permission to the Town of Ledgeview, its staff/employees, agents and/or appointees to enter the property for the purpose of executing their duties associated with this request and following proper notification to applicant/owner.
- The signer attests that the application has been completed accurately and all required materials have been submitted.

4) Applicant Declarations

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE BUSINESS REGISTRATION FORM PROCEDURE AND FAILURE TO COMPLY WITH TOWN REQUIREMENTS WILL RESULT IN THIS APPLICATION BEING WITHHELD FROM CONSIDERATION.

Signature of the Applicant(required):

Signature of the Property Owner:

Print Name:

Print Name:

Date:

Date:

For Office Use Only

Submittal Date: / /

Staff Signature: _____

Fees Paid: Y / N