

**OFFICE OF LICENSES
301 CITY HALL
BUFFALO, New York 14202
(716) 851-4078**

**REQUIRED COPIES OF DOCUMENTATION
TO BE SUBMITTED WITH
BUSINESS LICENSE APPLICATION**

- PHOTO COPY OF - current Government Issued Photo Identification**
(i.e. Driver's License or Green Card)
- PHOTO COPY OF - current Utility Bill listing Applicants Home address**
- PHOTO COPY OF - New York State Tax ID Certificate or Social Security Number**
- PHOTO COPY OF - DBA (Business Certificate) or Corporate Filing Receipt**
(not required for personal licenses, i.e. taxi driver, peddler, etc.)
- PHOTO COPY OF - Proof of Ownership Of Property (Deed) for Business location or a Commercial Lease Agreement**
(not required for personal license, i.e. taxi driver, peddler, etc.)
- INSURANCE CERTIFICATE - Liability Insurance Certificate (naming Office of Licenses as the certificate holder) of not less than \$100,000 per person and \$300,000 for each accident and \$10,000 for property damage and up to \$25,000 for fire, theft and vandalism covering vehicles parked or stored on the licensed premise.**
- PLOT or DRAWING of said parking lot indicating location, size and capacity and the location and size of entrances and exits and location, size and construction of attendants' station (if applicable). **SURVEY OF PROPERTY REQUIRED****
- Completed Application and License Fee**
- Complete New License Application Affidavit**

**APPLICATIONS MUST BE COMPLETED AND SUBMITTED
WITH ALL REQUIRED DOCUMENTATION**

NO EXCEPTIONS

DOCUMENTATION

CITY OF BUFFALO - LICENSE APPLICATION



65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202
Phone (716) 851-4078 Fax (716) 851-4952

Parking Lot Application

Sole Proprietor Corporation Partnership Limited Liability Company

Corporation Name _____ Business Phone () _____ - _____

Business Name (dba) _____ Business Fax () _____ - _____

Business Address (no PO Box) _____

Mailing Address (if different) _____

NYS Tax ID # _____ Business Website _____ E-Mail _____

Owner/Applicant

Applicant (last, first) _____ Home Phone _____

Home Address: (PO Box not acceptable) _____

Date of birth _____ Place of Birth _____

Parking Lot Address: _____

Number of parking spaces _____

Days & hours of parking lot operations _____

Schedule of parking rates _____

Check one: parking attendant automated pay phone

Responsible contact person _____ Phone _____

RATE PER PARKING SPACES

6-10 spaces	\$200	76 - 100 spaces	\$ 900
11-25 spaces	\$320	101 - 150 spaces	\$1300
26-50 spaces	\$500	151-1000 spaces	\$1480
51-75 spaces	\$660		

For office use only
Subscribed and sworn before me this
____ day of _____ 20 ____

Commissioner of Deeds -- City of Buffalo

App No _____
Date issued: _____

I am aware of the obligation to provide timely notice of any change in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business. Initial ____

As an authorized agent of the entity identified above, I certify the information on this form is true, correct, complete and current to the best of my knowledge and belief.

Print Name _____

Signature _____ Date _____