

City of Cohoes –Business Registration

City of Cohoes 97 Mohawk Street Cohoes, New York 12047 Phone: (518) 233-2117

Phone: (518) 233-2117 Fax: (518) 233-2168

SECTION 1.	Busine	ss Info	ormati	on										
Check any that apply: □ New business to Coh-					es Annual Re	□ Update □			□ Name Change Only; Date Changed					
□ Ownership Change					□ Temporar				□ Location	ation Change; Date Changed				
Date business started / will start in Cohoes Former 0					Owner (if applicable)	furrent City Registration #				Previous City Registration #			n #	
Doing Business As (Doing Business As (DBA), Name on Signage, Name known to the public													
Street #	Street # Street Name Suite/Apt # (List physical address; do not enter a mail box type address)													
City			State			Zip Code			(Area Code) B		Busine	Business Telephone #		
Fax #			E-Mail Address (if available)				State Sales	State Sales Tax #		F		ral ID#		
SECTION 2.	Additi	onal B	Susines	s Inf	formation, Mai	iling and	l Teleph	one I	Numbe	er				
Legal Business Name of Entity or Individual Name														
Street # Street Name									Suite/Apt #					
ity		State			Zip Code				(Area Code) Business Telephone #					
SECTION 3.	Busine	ess Ow	nershi	р&	Record Locati	on								
Ownership S	ole Prop	rietor	□ LLC		Corp. – State Inc. #	#		Partner	ship	□ Ltd. Par	tnershi	p □ Other		
Owners, Partners, LLC	Name					Title	9			Driver's License #				
	Home Address					Date of Birth				Social Security #				
Members, or Officers	City					State	State Zip			(Area Code) Tele		Code) Teleph	phone #	
(For additional	Name					Title			Driver's Lice		icense	ense #		
names, please attach list)	Home A	Address				Date of Birth			Social Securit					
,	City					State		Zip		(Area Code) Tele		Code) Teleph	phone #	
Manager, if other than owner Name			;			•	Home Address:					Phone #		
Corporate or LLC Statutory Agent		Name					Title			Phone #				
Location where business records are														
kept, if different from business location		City				State		Zip		(Area Code) Telephone #			!	
SECTION 4.	Busine	ss Typ	рe											
☐ Retail Sales ☐ Wholesaler ☐ Commercial Retail				ail	☐ Service ☐ Transpo	-				□ Restaurant □ Other				# of Employees
Describe Nature of			Ciai Reta	111	□ Transpo	rtation	L I Toles	Sionai		ouici			_	
(Check any that apply) □ Sale of Alcohol □ Game Room □ Junkyard									☐ Hazardous Liquids					
□ Sale of Alcohol □ Game Room □ Junkyard □ Peddler/Hawker □ Type □ Amt □ I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the business registration and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of Cohoes.														
Print Name					Signature				e by me i	Title				Date