



Business Registration Form

SECTION 1. Business Information

Check any that apply:				<input type="checkbox"/> New business to Cohoes	<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Update
				<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Location Change; Date Changed	<input type="checkbox"/> Name Change Only; Date Changed
Date business started / will start in Cohoes		Former Owner (if applicable)		State Sales Tax #		
Doing Business As (DBA), Name on Signage, Name known to the public						
Physical Address (No P.O. Box)		Street #	Street Name		Suite/Apt. #	
City	State	Zip Code	Business Telephone # (Area Code)		Business Fax # (Area code)	
E-Mail Address (if available)				Website Address (if available)		

SECTION 2. Additional Business Information

Legal Business Name of Entity (or Individual Name)					
Mailing Address for business correspondence: Street # & Name, Suite/Apt. # <u>OR</u> P.O. Box			City	State	Zip code

SECTION 3. Emergency Contact Information

Contact person in case of emergency	Relationship to Business (i.e.Owner)	Phone # (Area Code) & Type (i.e. Home)	Alternate Phone # (Area Code) & Type
Alternate Contact	Relationship to Business	Phone # & Type	Alternate Phone # & Type

SECTION 4. Business Ownership

Ownership:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC	<input type="checkbox"/> Corp. – State Inc. #	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Other
Owners, Partners, LLC Members, or Officers (For additional names, please attach list)	Name		Title			
	Home Address				Date of Birth	
	City	State	Zip Code	Phone # (Area Code) & Type (i.e. Home)		
	Name		Title			
	Home Address				Date of Birth	
	City	State	Zip Code	Phone # (Area Code) & Type (i.e. Home)		
Manager, if other than owner	Name	Home Address:		Phone # (Area Code) & Type (i.e. Home)		
Corporate or LLC Statutory Agent	Name	Title		Phone # (Area Code) & Type (i.e. Home)		

SECTION 5. Business Type

<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Service Only	<input type="checkbox"/> Medical	<input type="checkbox"/> Restaurant	# of Employees
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Commercial Retail	<input type="checkbox"/> Transportation	<input type="checkbox"/> Professional	<input type="checkbox"/> Other _____	
Describe Nature of Business					
(Check any that apply)				<input type="checkbox"/> Hazardous Liquids	
<input type="checkbox"/> Sale of Alcohol	<input type="checkbox"/> Game Room	<input type="checkbox"/> Junkyard	<input type="checkbox"/> Peddler/Hawker	Type	Amt

SECTION 6. Optional

Check this box if you would like your Business Information sent to the Business Council of Cohoes (an affiliate of the Albany County Chamber of Commerce).

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	Title	Date
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