



Planning & Economic Development  
 433 River Street, Suite 5000  
 Troy, New York 12180

Legal Entity/Owner Name

Federal Employer Identification Number (FEIN)

*For Validation - Office Use Only*

## New Business Application

### 1. Purpose of Application

Please check all boxes that apply.

<input type="checkbox"/> Open/Reopen Business	<input type="checkbox"/> Add permit/registration to Existing Location
<input type="checkbox"/> Open Additional Location	<input type="checkbox"/> Change Ownership
<input type="checkbox"/> Change Location	Indicate old address to be closed: _____
<input type="checkbox"/> Other	Explain: _____

### 2. Owner Information

**Select only one ownership structure:**

Sole Proprietor

If married, should spouse's name appear on permit?  Yes  No *(If you answer No, you must still enter the spouse information in section "3e" below.)*

Corporation\*     Non Profit Corporation\* *(educational, religious, charitable)*     Limited Liability Company\*

Partnership (# of partners )     Limited Partnership\*     Limited Liability Partnership\*     Joint Venture

*\*These ownership structures must contact the Secretary of State office for additional filing requirements.*

\_\_\_\_\_  
 Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ALP, Inc. OR Peanuts Unlimited LLC)

State incorporated/formed: \_\_\_\_\_ Year incorporated/formed: \_\_\_\_\_

Association     Trust     Municipality     Tribal Government     Other \_\_\_\_\_

\_\_\_\_\_  
 Name of Organization (example: Pickering Family Trust)

**a.** Indicate this ownership structure's first date of business at this location.  
 Out-of-state businesses should use the first date of operation in Troy.  /  *(Required. If unknown, please estimate.)*

**b.** \_\_\_\_\_  
 Doing Business As (DBA)/Trade Name

**c.** \_\_\_\_\_  
 Business Mailing Address (Street & Suite No. or PO Box, do not use building name)    City    State    Zip

**d.** () \_\_\_\_\_    () \_\_\_\_\_    \_\_\_\_\_  
 Business Telephone Number    Fax Number    Internet/E-Mail Address

() \_\_\_\_\_  
 Emergency Contact Telephone Number



e. Did you buy, lease, or acquire all or part of an existing business?  No  All  Part

Date bought/leased/acquired:        
MM DD YY Prior Business Name

Prior Owner's Name Telephone Number

## 5. Signature

*Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.*

I, the undersigned, declare under the penalties of perjury and/or the revocation of any permit granted, that I am the applicant or authorized representative of the from making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

<b>X</b> <input type="text"/>	<input type="text"/>
Signature Required	Date
<input type="text"/>	<input type="text"/>
Application Prepared By (Please Print) Title	Telephone No. Date

Please mail completed form to: **City of Troy**  
**Department of Planning and Economic Development**  
**433 River Street, Suite 5000**  
**Troy, NY 12180**  
**Attn: Cheryl Kennedy**

Or email to: **Cheryl.Kennedy@troyny.gov**

Any questions, please call: **(518)279-7412**