



**Village of Addison
Code Enforcement**

Phone: (607)368-6166
Email: addisoncodes@stny.rr.com

35 Tuscarora Street
Addison, NY 14801
Fax: (607)359-2119

BUSINESS REGISTRATION FORM

This form is for businesses that are physically located in the Village of Addison

PLEASE PRINT

DATE _____

BUSINESS NAME: _____
BUSINESS PHYSICAL ADDRESS: _____
BUSINESS PHONE: _____ FAX: _____
MAILING ADDRESS: _____
OWNER AND/OR MANAGER: _____
TYPE OF BUSINESS: _____
BUSINESS START DATE: _____
EMAIL: _____
WEBSITE: _____

NUMBER OF EMPLOYEES: _____

HEADQUARTERS LOCATION (IF NOT THE SAME AS BUSINESS ADDRESS ABOVE):

ADDRESS: _____

PHONE NUMBER: _____

PROPERTY OWNER CONTACT INFORMATION: *(Applicable if you are leasing or own commercial property).*

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PLEASE COMPLETE THE FOLLOWING EMERGENCY CONTACT INFORMATION. THIS CONTACT MUST RESIDE IN STEUBEN COUNTY	
NAMES OF INDIVIDUALS TO CALL IN CASE OF AN EMERGENCY (THEY MUST HAVE KEYS TO YOUR BUSINESS):	
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____

I, _____ am the owner/agent of reference business. I agree and consent to allow the Village of Addison to inspect the property in its entirety. Inspection permission includes the initial inspection, annual fire inspection, any and all necessary reinspection's until all requirements are met.

Signature _____ Date _____