VILLAGE OF LAKEWOOD

20 WEST SUMMIT ST., LAKEWOOD, NY 14750
(716) 763-8557, ext. #203

APPLICATION FOR A TEMPORARY RETAIL OUTLET PERMIT

Project Location and Information

Tax Map Number: SEC_____ BLK_____LOT(s)_____
Current use of the Property/Building:_____
Zoning of Location: _____

Property Owner Identification

Owners Name:_____
Address of owner:_____
City, State, Zip Code:_____
Phone Number:_____

Applicant (if different from owner)

Applicant Name:_____
Address: _____
City, State, Zip Code:_____
Phone Number:_____

Type of Temporary Retail Sales: _____

Building _____ **Tent**_____ **Other** (please explain)_____

Date of Start: _____ **Date to Finish:** _____

Signature_____ **Date:**_____

Permit #:_____ **Approval Date:**_____

Issuing Officer _____

AFFIDAVIT

STATE OF NEW YORK
SS:
CHAUTAUQUA COUNTY

I swear that to the best of knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes and Zoning Codes and all other laws pretained to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature of Applicant_____

Date_____

Sworn before me this _____day of _____, 20_____.

_____
NOTARY PUBLIC