OWNER VERIFICATION

Our License / Permit cannot be issued until you have completed the following

Name of Registered Business: ____________________________________________

Proof of Registered Business (Please Attach)

Business Identification Number: __________________________________________

OWNERSHIP: (Check One)

A. ________________ Individual _________________________________________

B. ________________ Partnership _______________________________________

C. ________________ Corporation _______________________________________

All licenses / permits issued on an annual basis shall expire on the 31st day of December of each year. The precise date of expiration shall be clearly marked upon each license.

Signature(s) of Applicants or Authorized Representative(s)
(Please print name next to signature)

_________________________________________ DATE _________________

_________________________________________ DATE _________________

Sworn to before me this

_______ Day of ______________________, 20___

Approved License Review Committee

Notary Public

Paul V. Pontieri, Mayor

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