



**Village of Addison  
Code Enforcement**

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**BUSINESS REGISTRATION FORM**

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

PLEASE PRINT

DATE \_\_\_\_\_

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

**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:** \_\_\_\_\_

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

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 \_\_\_\_\_