

DONNA AKERLEY

*Town Clerk, Registrar
Tax Collector
and Marriage Officer*

www.townoffallsburg.com



TOWN CLERK'S OFFICE
TOWN OF FALLSBURG

P.O. Box 2019
19 Railroad Plaza
South Fallsburg, New York 12779
Phone: (845) 434-8810 Ext. 1
Fax: (845) 434-8809

SEASONAL BUSINESS PERMIT APPLICATION

To be submitted to the Town of Fallsburg Town Clerk's Office by all business operators/owners a minimum of seven days prior to start of business.

AN INSPECTION MUST BE SET UP & APPROVED PRIOR TO OPENING BUSINESS.

Business Operators Name: _____

Owner/Operator Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Operators Phone #: _____

Physical Location of Business: _____

Property Owner Name: _____

Owner Phone #: _____ SBL#: _____

Type of Business: _____

Hours of Operation: _____ Month _____ to Month _____

Name of Business: _____

Do you plan to install a new or replacement sign this season? Yes: _____ No: _____

Do you plan to alter the front exterior this season? Yes: _____ No: _____

Please Explain: _____

Signature: _____ **Date:** _____

ATTENTION!

ARB approvals are required prior to any changes to storefronts and new or replacement signs in all zones. Building & sign permits are required.

Permit application fees must be paid at the time you submit this application.

CASH or CHECK #: _____ DATE: _____