

Town Of Fallsburg Code Enforcement Office  
845-434-8811

**SEASONAL OPERATING APPLICATION**

AN INSPECTION MUST BE PERFORMED AND PASSED BEFORE OPENING FOR THE  
SEASON.

Name of Business: \_\_\_\_\_ SBL: \_\_\_\_\_

Physical address: \_\_\_\_\_

Type of Business:

Restaurant ☐ Grocery store ☐ Clothing/Shoes ☐ Toys ☐ Office ☐ Antiques ☐ Bookstore ☐

If other ☐ Please explain: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Opening Month: \_\_\_\_\_ Closing Month: \_\_\_\_\_

Business Operators Name: \_\_\_\_\_

Business Operators Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Business Operators Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Owners Phone #: \_\_\_\_\_

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

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

If yes, please explain: \_\_\_\_\_

\*\*\*\* A \$100 fee with \$1000 escrow (refunded at the end of the season with a passing  
inspection) must be submitted with this application. We have the right to refuse an  
incomplete application\*\*\*\*

**Escrow money will be refunded once a closing inspection has been performed with a passing result.**

Please indicate where the refund check should be mailed to:

Attention to: \_\_\_\_\_

Mail to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_