

VILLAGE of
GREENWOOD LAKE
BUILDING DEPARTMENT

Post Office Box 59
18 Church Street
Greenwood Lake NY 10925

Business Application

Applicant Name: _____

Mailing Address: _____

Phone Number: _____

Proposed Business Name: _____

Address of Business: _____

Section _____ Block _____ Lot _____ Business Phone Number: _____

Type of Business: _____

Number of Employees: _____

Number of Customers: (Estimated Peak Time) _____

Hours of Operation: _____

Days of Operation: _____

Brief Description of Operation: _____

Please list any other Agencies requiring approval: (SLA, DOH, Etc.) And provide proof of approval/licensing:

Fee \$75 _____

Approved _____ Disapproved _____

X _____
Building Inspector

Date