

OFFICE HOURS

**MON. – FRIDAY.
8:30 am – 4:00 pm**

VILLAGE OF DOBBS FERRY

Attention: Downtown Improvement Committee

112 Main Street, Dobbs Ferry, NY 10522

Fax: (914) 693-3470 E-mail: ldreaper@dobbsferry.com

Business Registration Form (please return to Village Hall, thank you)

Business Name: _____

Address: _____ Phone Number: _____

Days & Hours of Operation: _____

Business Owner's Name: _____ Phone Number: _____

Email: _____ Website: _____

Business Owner's Address: _____

Primary Activity: _____ Days/Business hours: _____

Secondary Activity: _____ Days/Business hours: _____

Number of Employees: _____ Do you have a business parking permit? _____
(Did you know that you can purchase one, for less than \$ 100.- per year at Village Hall?)

Do you offer music and/or entertainment: _____ Days/Hours: _____

Do you or plan to serve alcoholic beverages: _____

Estimated Garbage pick up necessary: (Frequency/volume) _____

Property Owners' Name: _____ Telephone number: _____

Property Owner's Address: _____ Email: _____

Are you ADA compliant? _____ Max. occupancy expected _____

Side walk Use:

Do you have or want a sidewalk/cafe permit: _____

Check off all furnishings to be used and their quantities:

Tables: _____ #Chairs: _____ Bench: _____ Sidewalk displays _____

Planter: _____ Umbrella: _____ Railing: _____ Other _____

Products on Sidewalk for sale _____

Awning/Sign:

Do you have a business sign? _____ Awning sign _____

Improvements:

Have you renovated your space within the last 5 years? If yes when: _____

Do you anticipate renovation within the next 5 years? If yes what? _____

(In some cases, State funding might be available)

Date: _____