



DEPARTMENT OF PERMIT & INSPECTION SERVICES

Louis Petrucci
COMMISSIONER

REQUIRED COPIES of DOCUMENTATION with BUSINESS LICENSE APPLICATION

- ☐ **Copy of** current **Government Issued Photo Identification (must match your address on your application)** (i.e. Driver's License or NYS Id Card)
- ☐ **Copy of** **Utility Bill** listing applicant's home address
- ☐ **Copy of** **New York State Tax ID Certificate or Social Security Number**
- ☐ **Copy of** **DBA (Business Certificate) or Corporate Filing Receipt**
- ☐ **Copy of** **Owners Affidavit for Business Use of Property (if not owner operating business)**
- ☐ **Copy of** **Deed if owner operating business at location**
- ☐ **Submit a Police Record Check for**
 - Auctioneer
 - Collection Agency
 - Arcade
 - Public Dance Hall
 - Restaurant Dance
 - Landscape/Snow Removal
 - Tow Truck
 - Taxi Cab Driver
 - Second Hand Dealer
 - Scrap Processor
 - Tire Handler
 - Used Car Dealer
 - Pawn Broker
 - Lodging House
 - Lodging House Agent
 - Flea Market
- ☐ **Complete Application Form**
- ☐ **Complete New License Affidavit**
- ☐ **Submit Required Documentation with Fee**

Office of Licenses

65 NIAGARA SQUARE / 301 CITY HALL BUFFALO, NY 14202-3303

(716) 851-6583 / (716) 851-4041 / (716) 851-4766

Email: dpislicenseinsurance@buffalony.gov



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AUCTIONEER LICENSE APPLICATION

Applicant Name _____ **Phone** _____

Applicant Address _____
street city state zip

Business Name _____ **Phone** _____

Business Address _____
street city state zip

Corporation Name _____ **Date Incorporated:** _____

Date of Birth: _____ **Are you a citizen of the United States?** ____ Yes ____ No

1. Qualifications, including education and business, during the past 5 years (state kind and location):

2. When and where have you been previously licensed as an auctioneer: _____

3. Has any previous license as an auctioneer been cancelled? yes _____ no _____

The **FEE** for a license is **\$400.00**.

Submit an **Auctioneer's Bond, Acknowledge Forms, and Inventory of Auction Sale**.

Subscribed and sworn before me this
_____ day of _____ 20 _____

Applicant Signature

Commissioner of Deeds / Notary

Date _____

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HOUSING COURT VIOLATION LICENSE APPLICATION AFFIDAVIT

I, _____ have submitted a License Application(s)
(print applicant name)

with the City of Buffalo's Office of Licenses at: _____
(business location)

I am applying for the following license types: _____.

By signing this affidavit, I do hereby attest to the fact that neither I nor any partners and/or corporate officers of this business entity have any existing and/or pending City of Buffalo Housing Court proceedings against the property listed above nor any other properties owned in the City of Buffalo. I further understand that if, or any reason, the Office of Licenses finds this information to be inaccurate; that the City of Buffalo reserves the right to deny the issuance of any and all City of Buffalo Licenses requested to operate this business entity.

NEW LICENSE APPLICATION AFFIDAVIT

I am aware that it is a violation of city ordinances to operate my business establishment without all required licenses, and that I must not open and/or operate my business establishment until said time that all the required licenses have been issued. I further understand, that if for any reason, the Office of Licenses deems my business establishment to have been open and/or operated prior to the issuance of all required city licenses, that this shall constitute a violation of city ordinances and said violation shall be cause to deny the issuance of any and all city licenses required to operate my business establishment.

Applicant Signature

Date _____

Subscribed and sworn before me this
_____ day of _____ 20 ____

Commissioner of Deeds / Notary

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APPLICANT NOTIFICATION

ALL Applications MUST HAVE THIS NOTIFICATION SIGNED BY COUNCIL PERSONNEL FOR THE APPLICABLE DISTRICT COUNCILMEMBER LISED BELOW & RETURN THIS NOTIFICATION TO THE OFFICE OF LICENSE prior to the application being considered for Approval. This is to inform Councilmembers what businesses are in their District.

THIS IS NOT AN APPROVAL NOR DOES THIS DOCUMENT INFER THAT SAID APPROVALS WILL BE GRANTED

Licensee Name: _____

License Application Address _____ Buffalo, NY _____

DELAWARE DISTRICT	JOEL P. FEROLETO	1405 CITY HALL	851-5155
ELLCOTT DISTRICT	LEAH M HALTON-POPE	1408 CITY HALL	851-4980
FILLMORE DISTRICT	MITCHELL P. NOWAKOWSKI	1401 CITY HALL	851-4138
LOVEJOY DISTRICT	BRYAN BOLLMAN	1316A CITY HALL	851-5151
MASTEN DISTRICT	ZENETA B. EVERHART	1405 CITY HALL	851-5145
NIAGARA DISTRICT	DAVID A. RIVERA	1504 CITY HALL	851-5125
NORTH DISTRICT	JOSEPH GOLOMBEK JR.	1502 CITY HALL	851-5116
SOUTH DISTRICT	CHRISTOPHER P. SCANLON	1315 CITY HALL	851-5169
UNIVERSITY DISTRICT	RASHEED N. C. WYATT	1508 CITY HALL	851-5165

Council Personnel Signature _____ District _____

Date _____

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Information as to each applicant or corporate officer:

1. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____
2. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____
3. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____
4. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____

Please provide a separate sheet for names/addresses/signatures of additional applicants/corporate officers.

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