

City of Rensselaer

Business Registration Application

Date: _____

Related Building Permit # (if applicable): _____

Registration No:
Fee:
Zoning:

Corporation / Owners Name:
Address:
City, State, Zip
Phone No.
Cell Phone No.
Fax No.:
E-mail Address:
Business Name:
Address:
Phone No.:
Fax No.:
Email Address:

Business Emergency Contact:
Address:
Phone No.
Cell No.
Fax No.:
E-Mail Address:
Billing Information:
Name:
Address:
Phone No.
Fax No.

Description of Business (be specific) _____

Operating Hours: _____ **Opening Date:** _____

Signage Type (Circle all that apply): Pole Monument Wall Window Other(specify) _____

Utility Upgrades (Circle all that apply) Electric Gas Water Sewage N/A

It is the business owners responsibility to notify the City of Rensselaer within 10 days if there are any changes to the business entity, which differs from the information provided on this application.

I declare, under penalty of perjury, that the statements and information contained in this application are true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire, and all other applicable laws, ordinances, and regulations pertaining to the operations of such business.

Applicant's Signature: _____

Date: _____

Building Commissioner _____

Date: _____