

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: _____