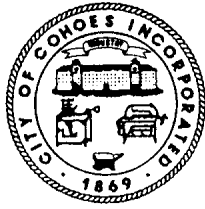


City of Cohoes  
Planning Office  
97 Mohawk St.  
Cohoes, NY 12047



City Planner  
Joseph Seman-Graves  
518 233-2130  
Jseman-graves@ci.cohoes.ny.us

**BUSINESS REGISTRATION FORM**

Business Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Business phone: \_\_\_\_\_

---

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Owner (if different than above) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUSINESS:**

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

---

**Business Contact(s):**

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_