



# Village of Sagaponack

P.O. Box 600 Sagaponack, N.Y. 11962

631-537-0017 Fax-537-0612

Email: [sagaponack@optonline.net](mailto:sagaponack@optonline.net)

## ANNUAL BED & BREAKFAST PERMIT RENEWAL FORM

Date: \_\_\_\_\_

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

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

SCTM# 908 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ . \_\_\_\_\_

I, \_\_\_\_\_ as owner of \_\_\_\_\_

located at \_\_\_\_\_

certify that the information provided on the original permit application for this establishment has

not changed. I am requesting that the permit issued by the Village of Sagaponack on \_\_\_\_\_

for this establishment be renewed by the Village of Sagaponack in compliance with the Village of

Sagaponack Code regulations.

**Business Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Business E-mail Address:** \_\_\_\_\_

**Emergency contact person:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

### SIGNATURE OF APPLICANT

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Renewal Fee: \$250.00 - Make checks payable to the Village of Sagaponack \*\***

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### For Administrative Use Only

Receipt # \_\_\_\_\_ Date Received \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date Issued \_\_\_\_\_

Building Inspector: \_\_\_\_\_