



Village of Sagaponack

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

631-537-0017 Fax-537-0612

Email: 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 ****

For Administrative Use Only

Receipt # _____ Date Received _____

Permit Number: _____ Date Issued _____

Building Inspector: _____