



# VILLAGE OF PORT CHESTER

222 Grace Church Street, Port Chester, NY 10573

(914) 939-5202  
Fax: (914) 937-3169

## APPLICATION FOR COIN OPERATED LAUNDROMAT

### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### BUSINESS INFORMATION

Name \_\_\_\_\_

Location \_\_\_\_\_

Phone \_\_\_\_\_

Machine Information – Please enter Type, Make & # of Machines on Premises

#### WASHERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DRYERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL WASHERS \_\_\_\_\_

TOTAL DRYERS \_\_\_\_\_

Are all required signs and instructions properly posted? \_\_\_\_\_

Name, address and phone of person(s) directly supervising public use of machines.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant agrees that the premises and machines will be kept in compliance with the ordinance of the Village of Port Chester, the regulations & codes of Westchester County Health Dept. and the State of New York & that an approved attendant will be on the premises during the hours of 12 midnight – 6:00 AM each and every day the laundromat is in operation.

The Board of Trustees, Building Inspector, Fire Chief or Fire Inspector may revoke a permit or approval issued if any violation of this code is found upon inspection or in case there has been any false statement or misrepresentation as to a material fact in the application or plans on which a permit or approval was based, or upon failure of a permittee to comply with any stated condition of any permit.

\_\_\_\_\_  
Signature of Applicant & Title (If application is made on behalf of a partnership or corporation.)

\_\_\_\_\_  
Signature of Applicant

### INSPECTED AND APPROVED

DATE: \_\_\_\_\_

BLG. INSPECTOR \_\_\_\_\_

PERMIT# \_\_\_\_\_

DATED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_