

VILLAGE OF EAST AURORA  
571 Main Street, East Aurora, NY 14052  
Phone: 716.652.6000 Fax: 716.652.1290  
[www.east-aurora.ny.us](http://www.east-aurora.ny.us)

**SPECIAL PERMIT APPLICATION**

**\*ALL Requests Must Be Received A Minimum of 60 Days in Advance\***

**Required for application: one (1) complete file in electronic PDF format  
CD-Rom or e-mail to joyce.jezewski@east-aurora.ny.us**

**PUBLIC HEARING FEES: \$100.00** \_\_\_\_\_ **\$25.00 Application Fee** \_\_\_\_\_  
**\$25.00 Permit Fee** \_\_\_\_\_  
Date Application Filed \_\_\_\_\_  
Date of V.B. Action \_\_\_\_\_ (attach minutes) Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Application is hereby made for a **SPECIAL PERMIT** pursuant to **Section 285.51** of the Code of the Village of East Aurora. Written approvals and other special permits as may be required by law, shall accompany this application.

**Section 285.51 Special Permit required for Gasoline Service Stations, Rapid Car Washes, and Restaurants and/or outdoor service of food and beverages when permitted by the Village Board after a public hearing thereon.**

Applicant's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Location of Premises: \_\_\_\_\_ SBL # \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_  
Owner of Premises Name: \_\_\_\_\_ Address \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_  
Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Is this application for an Amended Permit?  Yes  No **If yes, attach copy of last permit**

Request is for:  Restaurant, Indoor Dining  Restaurant, Outdoor Dining  Gas Station  
 Car Wash  Other \_\_\_\_\_  
Days and hours of operation (indoor) \_\_\_\_\_  
Days and hours of operation (outdoor) \_\_\_\_\_  
Will alcoholic beverages be served?  Yes  No  
Will there be outdoor music?  Yes  No If yes, what type of music: \_\_\_\_\_  
Days and times of music \_\_\_\_\_

Are premises handicap accessible?  Yes  No If not, premises must be made ADA compliant.  
Will there be any renovations?  Yes  No If yes, contact building department @ 716-652-7591.

**Attach a letter detailing your project, along with a schematic drawing of the premises indicating the location of:**

area to be occupied  entrance/exits  restrooms  Backflow device & grease trap  oil interceptor  
 seating diagram (restaurant/indoor) # tables \_\_\_\_\_ #seats \_\_\_\_\_ Total Seating # \_\_\_\_\_  
 (restaurant/outdoor) # tables \_\_\_\_\_ #seats \_\_\_\_\_ Total Seating # \_\_\_\_\_

**SIGN PERMIT: Town of Aurora Building Dept, 300 Gleed Avenue, East Aurora, NY - PH 716.652.7591**