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Saratoga County Veterans F.A.V.O.R Discount Program Merchant Application

Please use this form to enroll your business in the Saratoga County Veterans Discount Program. This form must be signed by the business owner or an authorized representative and returned to the Saratoga County Clerk. Merchants reserve the right to withdraw from the program at any time.

Business Name: _____

Address: _____

Email address: _____

Website: _____

Telephone#: _____

Business Hours: _____

Service Offered: _____

Discount Specifications: (check one)

10% _____ 15% _____ 20% _____ 25% _____

Other: _____

Limitations or conditions to be listed of Website: _____

Proprietor and/or authorized signature: _____

Please print name: _____

Return this form to:
Craig A. Hayner, Saratoga County Clerk
40 McMaster Street, Ballston Spa, NY 12020
Phone (518) 885-2213
Fax (518) 884-4726
www.saratogacountyny.gov