

VILLAGE OF SKANEATELES

26 Fennell St

Skaneateles, NY 13152

315-685-2118

Email: codes@villageofskaneateles.com

CPT 10/21/23
\$ 150
Pd 10/18/23
Fax: 315-685-0730

Application for Licensing (page 1 of 2)

Date of Application 10/9/2023 Permit Date and Number _____

Name of Applicant Mirbeau of Skaneateles, LP

Address of Applicant 851 West Genesee Street Skaneateles, NY 13152

Applicant's Email Rmalcom@mirbeau.com Contact # 315-247-4104

Name of Property Owner (if different from applicant) _____

Property Owner Address _____

Property Owner Email _____ Contact # _____

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay _____ Hotel Lodging Facilities _____ Other _____

Tax Map Number 006.1-01-01-1

Existing Use _____

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 _____

Any other authorizations needed or approvals obtained to operate NO

RECEIVED
OCT 10 2023

06.1-01-01-1

VILLAGE OF SKANEATELES

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	<u>Paid Monthly</u>	<u>YES</u>
Onondaga County	<u>Q3 2023</u>	<u>YES</u>

Business Owners' Policy Insurance

Name	Term
<u>Selective Insurance Co of NY</u>	<u>05/31/2023-05/31/2024</u>
<u>Hartford Accident & Indemnity Co</u>	<u>07/31/2023-07/31/204</u>

315-685-2118

Email: codes@villageofskaneateles.com

26 Fennell St
Skaneateles, NY 13152

Fax: 315-685-0730

CK#1186
pd 11/9/25
\$150.00

Application for Licensing (page 1 of 2)

Date of Application 11/8/23 Permit Date and Number _____

Name of Applicant Woodbine Hospitality LLC

Address of Applicant 505 E. Fayette Street, Syracuse, New York 13202

Applicant's Email tfernandez@woodbinegroup.com Contact # 315-471-7400

Name of Property Owner (if different from applicant) Skaneateles Suites LLC

Property Owner Address 505 E. Fayette Street, Syracuse, New York 13202

Property Owner Email tfernandez@woodbinegroup.com Contact # 315-471-7400

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay _____ Hotel Lodging Facilities _____ Other _____

Tax Map Number 006.-05-34.0

Existing Use Hotel

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 11/27/01

Any other authorizations needed or approvals obtained to operate ~~NYS~~ ^{County} Health Dept. Certificate enclosed

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance * Q4 2022 also included	<u>2023*</u>	<u>\$56,685.66</u>
Onondaga County * Q4 2022 Return also enclosed	<u>2023*</u>	<u>\$11,029.93</u>

Business Owners' Policy Insurance

Name Charter Oak Fire Insurance Term 6/30/23 - 6/30/24
company (COA attached)

VILLAGE OF SKANEATELES
26 Fennell St
Skaneateles, NY 13152

315-685-2118
Email: codes@villageofskaneateles.com

CK # 46145
pd # 150
11/8/23
Fax: 315-685-0730

Application for Licensing (page 1 of 2)

Date of Application 11/8/23 Permit Date and Number _____

Name of Applicant Twenty Six West Genesee St. Corp Sherwood Inn

Address of Applicant 24 West Genesee St. Skaneateles, NY 13152

Applicant's Email khealer@thesherwoodinn.com contact # 315 217 4044

Name of Property Owner (if different from applicant) William B. Eberhardt

Property Owner Address 84 West Elizabeth St. Skaneateles, NY 13152

Property Owner Email admin@thesherwoodinn.com Contact # 315 217 8111

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay _____ Hotel X Lodging Facilities _____ Other _____

Tax Map Number 006.-06-22.0

RECEIVED

Existing Use _____

NOV - 9 2023

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 _____

VILLAGE OF SKANEATELES

Any other authorizations needed or approvals obtained to operate _____

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	2023	✓
Onondaga County	2023	✓

Business Owners' Policy Insurance

Name Liberty Mutual Term 12/1/xx - 11/30/xx

VILLAGE OF SKANEATELES
26 Fennell St
Skaneateles, NY 13152

315-685-2118
Email: codes@villageofskaneateles.com

OK 7002352
\$150
pt Nov 8, 2023
Fax: 315-685-0730

Application for Licensing (page 1 of 2)

Date of Application 11/8/23 Permit Date and Number _____

Name of Applicant Arbor House Inn

Address of Applicant 41 Fennell Street, Skaneateles, NY 13152

Applicant's Email khealer@thesherwoodinn.com contact # 315 217 4044

Name of Property Owner (if different from applicant) Jubilee, LLC - William B. Abelhardt

Property Owner Address 84 W. Elizabeth St. Skaneateles, NY 13152

Property Owner Email admin@thesherwoodinn.com Contact # 315 217 8111

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay _____ Hotel Lodging Facilities _____ Other _____

Tax Map Number 006-04-12.0

RECEIVED

Existing Use _____

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 _____

Any other authorizations needed or approvals obtained to operate No VILLAGE OF SKANEATELES

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	<u>2023</u>	<input checked="" type="checkbox"/>
Onondaga County	<u>2023</u>	<input checked="" type="checkbox"/>

Business Owners' Policy Insurance

Name Liberty Mutual Term 12/1/xx - 11/30/xx

VILLAGE OF SKANEATELES
26 Fennell St
Skaneateles, NY 13152

315-685-2118
Email: codes@villageofskaneateles.com

CK# 1791
Pd 11/8/23
8150
Fax: 315-685-0730

Application for Licensing (page 1 of 2)

Date of Application 11/8/23 Permit Date and Number _____

Name of Applicant Hannum House

Address of Applicant 36 West Genesee St. Skaneateles, NY 13152

Applicant's Email kbealer@thesherwoodinn.com Contact # 3152174044

Name of Property Owner (if different from applicant) William B. Arzerhardt

Property Owner Address 84 W. Elizabeth St. Skaneateles, NY 13152

Property Owner Email admin@thesherwoodinn.com Contact # 3152178111

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay _____ Hotel X Lodging Facilities _____ Other _____

RECEIVED

Tax Map Number 006.-06-23.0

Existing Use _____

NOV - 9 2023

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 _____ VILLAGE OF SKANEATELES

Any other authorizations needed or approvals obtained to operate No

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	<u>2023</u>	<u>✓</u>
Onondaga County	<u>2023</u>	<u>✓</u>

Business Owners' Policy Insurance

Name Liberty Mutual Term 12/1/xx - 11/30/xx

VILLAGE OF SKANEATELES

26 Fennell St

Skaneateles, NY 13152

315-685-2118

Email: codes@villageofskaneateles.com

CK #5211
Pd 11/8/23
#150
Fax: 315-685-0730

Application for Licensing (page 1 of 2)

Date of Application 11/8/23 Permit Date and Number _____

Name of Applicant Packwood House

Address of Applicant 14 West Genesee St. Skaneateles, NY 13152

Applicant's Email Khealer@thosherwoodinn.com Contact # 315 217 ~~888~~ 4044

Name of Property Owner (if different from applicant) Basin Associates

Property Owner Address 333^N Washington St. Syracuse, NY 13202

Property Owner Email Donna.st Cyr@pinewoods.com Contact # 315 200 1875

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay _____ Hotel Lodging Facilities _____ Other _____

Tax Map Number 006 - 06 - 18

Existing Use _____

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 _____ VILLAGE OF SKANEATELES

Any other authorizations needed or approvals obtained to operate NO

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	<u>2023</u>	<input checked="" type="checkbox"/>
Onondaga County	<u>2023</u>	<input checked="" type="checkbox"/>

Business Owners' Policy Insurance

Name Liberty mutual Term 12/1/xx - 11/30/xx

VILLAGE OF SKANEATELES

26 Fennell St

Skaneateles, NY 13152

315-685-2118

Email: codes@villageofskaneateles.com

Fax: 315-685-0730

CK # 18 D
Pd NOV 8, 2023
\$75.00

Application for Licensing (page 1 of 2)

Date of Application 11/8/23 Permit Date and Number _____

Name of Applicant Village Inn of Skaneateles

Address of Applicant 25 Jordan St. Skaneateles, NY 13152

Applicant's Email kheuler@thesterwoodinn.com Contact # 3152174044

Name of Property Owner (if different from applicant) 25 Jordan Street LLC

Property Owner Address 11 Grove Street Hopkinton, MA 01748

Property Owner Email jnslothe@gmail.com Contact # 5086252227

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay _____ Hotel Lodging Facilities _____ Other _____

Tax Map Number 006.-06-12

Existing Use _____

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 _____

Any other authorizations needed or approvals obtained to operate No

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	<input checked="" type="checkbox"/>	<u>2023</u>
Onondaga County	<input checked="" type="checkbox"/>	<u>2023</u>

Business Owners' Policy Insurance

Name Liberty Mutual Term 12/1/xx - 11/30/xx

RECEIVED

NOV 9 2023

VILLAGE OF SKANEATELES

VILLAGE OF SKANEATELES

26 Fennell St

Skaneateles, NY 13152

CR 11/06/23
pd 11/6/23
\$ 75.00
Fax: 315-685-0730

315-685-2118

Email: codes@villageofskaneateles.com

Application for Licensing (page 1 of 2)

Date of Application 11/06/2023 Permit Date and Number _____

Name of Applicant CLARK F. MAHER "2W LAKE B&B"

Address of Applicant 2W LAKE ST., SKANEATELES, NY 13152

Applicant's Email ccfm26@mac.com Contact # 917-903-4778

Name of Property Owner (if different from applicant) _____

Property Owner Address _____

Property Owner Email _____ Contact # _____

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay Hotel _____ Lodging Facilities _____ Other _____

Tax Map Number 010. - 02 - 17

Existing Use _____

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 _____

Any other authorizations needed or approvals obtained to operate NO

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	_____	_____
Onondaga County	<u>2023</u>	_____

Business Owners' Policy Insurance

Name VERMONT MUTUAL INSURANCE Term 11/06/2023 - 11/06/2024

VILLAGE OF SKANEATELES
26 Fennell St
Skaneateles, NY 13152

315-685-2118

Email: codes@villageofskaneateles.com

Fax: 315-685-0730

CR...
\$ 75.00
Pd 11/2/23

Application for Licensing (page 1 of 2)

Date of Application 11/1/2023 Permit Date and Number _____

Name of Applicant Kathy W Burke

Address of Applicant 10 State Street Skaneateles NY 13152

Applicant's Email kathywburke@gmail.com Contact # 315 436 2976 685-3191

Name of Property Owner (if different from applicant) _____

Property Owner Address _____

Property Owner Email _____ Contact # _____

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay Hotel _____ Lodging Facilities _____ Other _____

Tax Map Number 007 03 370

Existing Use _____

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 20063

Any other authorizations needed or approvals obtained to operate _____

RECEIVED

NOV - 2 2023

VILLAGE OF SKANEATELES

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	_____	_____
Onondaga County	<u>2022</u>	_____

Business Owners' Policy Insurance

Name CS Burnall and Son Term one year 2022
Vermont Mutual

VILLAGE OF SKANEATELES
26 Fennell St
Skaneateles, NY 13152

315-685-2118
Email: codes@villageofskaneateles.com

CH# 112
pd NOV 8, 2023
#75.00
Fax: 315-685-0730

Application for Licensing (page 1 of 2)

Date of Application 11/6/2023 Permit Date and Number _____

Name of Applicant Kathryn L. Hess

Address of Applicant 34 State Street Skaneateles

Applicant's Email innkeeper@34state.com Contact # 315-730-4690

Name of Property Owner (if different from applicant) As above

Property Owner Address "

Property Owner Email " Contact # _____

Type of Facility (as terms defined by Village Code):

Bed-and-breakfast homestay Hotel _____ Lodging Facilities _____ Other _____

Tax Map Number 007.-03-01

Existing Use Bed & Breakfast

Criteria as described in Chapter 130 of the Village Code:

Date special use permit received pursuant to Section 225-40 2015

Any other authorizations needed or approvals obtained to operate none

Sales and Room Occupancy Taxes paid:

	Year	Paid
New York State Department of Taxation and Finance	<u>2023</u>	<u>6204</u>
Onondaga County	<u>2023</u>	<u>6690.74</u>

Business Owners' Policy Insurance

Name Dryden Mutual
Pol H509702

Term 11/8/2023 - 11/8/2024