



# SCVDP: RETURN THE FAVOR!

## SCHOHARIE COUNTY VETERANS DISCOUNT PROGRAM

### Merchant Application Form

Please use this form to enroll your business in our SCVDP. Be sure to include the official name of your business, the business address, hours, and discount specifications. This form must be signed by the business owner and returned to the Schoharie County Clerk's Office. Merchants reserve the right to withdraw from the program at any time.

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hours: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### % Discount Specifications: (check one)

10%  15%  20%  25%  Other \_\_\_\_\_

Limitations or conditions:

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Business Owner Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN** this form to:

**Schoharie County Clerk's Office** (284 Main Street)  
BY MAIL P.O. Box 549, Schoharie, NY 12157  
BY FAX: #: (518) 295-8338  
BY EMAIL: [bernadette.kloczko@co.schoharie.ny.us](mailto:bernadette.kloczko@co.schoharie.ny.us)  
[margaret.hildreth@co.schoharie.ny.us](mailto:margaret.hildreth@co.schoharie.ny.us)

**For more information:** Call: (518) 295-8316  
Visit: [www.schohariecounty-ny.gov](http://www.schohariecounty-ny.gov)