



**COUNTY OF ALBANY**  
**VETERANS SERVICE BUREAU**  
 100 HERITAGE LANE, 5TH FLOOR  
 ALBANY, NEW YORK 12211  
 (518) 447-7710 / FAX (518) 447-7714  
 VETERANSBUREAU@ALBANYCOUNTYNY.GOV

DANIEL P. McCOY  
 ALBANY COUNTY EXECUTIVE

KENNETH SECOR  
 DIRECTOR

### MERCHANT ENROLLMENT APPLICATION

Use this form to enroll your business in the RETURN THE FAVOR Veteran discount program in Albany County. Be sure to complete all information and have signed by owner/manager. Return this form to the Albany County Veteran Services Bureau at the address or email above. You will receive a confirmation of participation and a window decal to display at your business. At any time, your business reserves the right to withdraw from the program and Albany County may end your enrollment.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Hours of Operation: \_\_\_\_\_

Discount Percent:  
                   10%          15%          20%          25%          Other: \_\_\_\_\_

Limitations or conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Email: \_\_\_\_\_

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

