



Town of Babylon

Division of Fire Prevention

281 Phelps Lane, Room # 303

North Babylon, New York 11703

Phone: (631) 893-2153 Fax: (631) 893-2162



PUBLIC ASSEMBLY

Permit Application

Application is hereby made for a PUBLIC ASSEMBLY PERMIT in accordance with the Fire Prevention Code of the Town of Babylon.

<p>RECEIVED</p> <p>Office Use Only</p>
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Office Use Only

Permit #: _____
Required Fee: \$ _____
CTM: _____
Fire District: _____
Total # of Occupants Permitted: _____
Receipt #: _____ <input type="radio"/> Check <input type="radio"/> Cash

*Only Original Documents Accepted – No Copies!
Make Checks Out to: Town of Babylon Division of Fire Prevention*

PERMITTED PREMISE INFORMATION

BUSINESS NAME:	
ANY APPLICABLE D/B/A/S:	BUSINESS TYPE:
ADDRESS:	
PHONE #:	FAX #:
E-MAIL:	

CORPORATE OR LLC INFORMATION

BUSINESS OWNER:	CORP. NAME:
OWNER/CORP. ADDRESS:	
OWNER/CORP. PHONE #:	OWNER/CORP. FAX:
OWNER/CORP. E-MAIL:	

PROPERTY OWNER

NAME:	PHONE #:
ADDRESS:	
E-MAIL:	

EMERGENCY CONTACTS

PRIMARY:	PHONE #:
ALTERNATE:	PHONE #:

Gathering: 17-49 \$100 | Assembly: 50-100 \$200 | 101-300 \$300 | 301-600 \$500 | Above 601 \$1000

INCLUDE WITH APPLICATION:

EMERGENCY CONTACT FORM & APPLICABLE FIRE ALARM/SPRINKLER MAINTENANCE FORMS & EMERGENCY EVACUATION PLAN & OCCUPANCY CALCULATIONS & CERTIFICATE OF OCCUPANCY

COMPLETE ALL SECTIONS ON THE REVERSE SIDE OF THIS FORM

1. Does the applicant occupy the said premises under a lease? Yes No
 If yes, indicate: Name and address of Lessor: Name: _____
 Address: _____
 Date of Lease: _____ Expiration Date: _____
2. Is any license under the Alcoholic Beverage Control Law now in effect in the name of the applicant? Yes No
 If yes, indicate: Date License was granted: _____ License #: _____
 If application is pending, indicate date of application: _____
3. State the name and address of each person, firm, or corporation, who is entitled to a share of the income or profits of, or has an interest in the business to be licensed.
- | Name | Address | Details of Interest |
|------|---------|---------------------|
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4. If a corporate application, give date and place where corporation was organized:
 Date: _____ State: _____ County: _____
5. If a foreign corporation, has a certificate of authority to do business in this state been obtained? Yes No
 If yes, indicate: Date: _____ Registration #: _____
6. Is any Public Assembly License now in effect for the premises for which this application is filed, or for any part of the building containing the same? Yes No
 If yes, indicate: Name of License: _____ License #: _____
7. Has any Public Assembly License previously granted by the Town of Babylon been suspended? Yes No
 If yes, indicate: License #: _____ Date of Suspension: _____
8. Has a Certificate of Occupancy been issued for the building as a place of assembly?
 If yes, indicate: Certificate #: _____ Date Issued: _____
- Valid Certificate of Occupancy shall be submitted with this application**
9. Has the applicant, or any of the partners, or any of the officers, directors, or stockholders ever been convicted of any crime, misdemeanor, or violation of local law or ordinance? Yes No
- | Date of Conviction | Name of Person Convicted | Crime or Offense Involved |
|--------------------|--------------------------|---------------------------|
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10. Has the Designated of Agent Form been filed with this application? Yes No

The applicant hereby agrees that the occupation record and all other papers filed in support of this application by any person having any interest, direct or indirect, either in the premises or in the business to be licensed, for any license or permit, shall be deemed and made a part hereof and considered by the Department of Planning and Development of the Town of Babylon in acting upon this application. In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the requirements of the Department of Planning and Development of the Town of Babylon now in force or which may in the future be promulgated for places of public assembly. PENALTY FOR FALSIFICATION – Falsification of any statement made herein may be subject to suspension or revocation.

The following certification must be signed and dated by the individual applicant and each member of partnership: - The undersigned certifies that he/she is the applicant named above; that he/she knows the contents of the above application, and the statements contained therein, and the same are true of his/her own knowledge.

Dated: _____
Sworn to before me this _____
Day of _____, 20____

Notary Public

Signature of each Applicant, Partner, or Authorized Officer