

**PLACES OF ASSEMBLY**  
(51 OR MORE PERSON OCCUPANCY) – No Fee. **PLEASE DO NOT FAX APPLICATION**  
**ANNUAL OPERATIONAL PERMIT**

*Date of Application:* \_\_\_\_\_ *Tax Map No.* \_\_\_\_\_

**Applicant Information:**

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

Address of Business: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Property Owner Name (if different from applicant): \_\_\_\_\_

**Contact Person -Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Emergency Contacts: 1. \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

2. \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**Please attach:**

- Insurance Co. Name & Address       Policy Holder Name & Address  
 Certificate of Inspection for Fire Alarm System       Certificate of Inspection for Fire Sprinkler System  
 Copy of Emergency Evacuation Plan

**If Applicable: (Commercial Kitchen)**

**Fixed Extinguishing System Inspection:**

Date of Inspection: \_\_\_\_\_ Company name: \_\_\_\_\_ License # \_\_\_\_\_

**Cooking Exhaust System/Vent Hood:**

Date of Last Cleaning: \_\_\_\_\_ Company Name: \_\_\_\_\_ License # \_\_\_\_\_

*SIGNATURE OF APPLICANT*

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

This applicant hereby gives permission to Town of Riverhead Fire Marshal to conduct a fire safety inspection in accordance with Fire Prevention Code of State of New York.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_