

PLACES OF ASSEMBLY
(50 OR MORE PERSON OCCUPANCY)
ANNUAL OPERATIONAL PERMIT – **FEE \$150**

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 and Policy Holder Name & Address
- Updated Certification of Inspection for Fire Alarm and Fire Sprinkler System *(if applicable)*
- 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 # _____

Make check payable to: TOWN OF RIVERHEAD

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: _____