PLACE OF PUBLIC ASSEMBLY APPLICATION/RENEWAL

Owner/Agent: ________________________________________________________________

Address: ___________________________________________________________________

Name of Establishment: _______________________________________________________

Address of Establishment: ____________________________________________________

Status: First time applicant _____ or License Renewal _____

Public Assembly Annual Fees:

50 to 99 persons - $250
100 and up - $350

New Application Requirements:
Each initial application shall be accompanied by, at a minimum:
(1) Specific Assembly/Egress floor plans (do not submit construction plans) indicating each floor (level) drawn to
¼" = 1'-0" scale, accurately dimensioned with all rooms labeled. Must include occupancy calculations, path of
egress, all uses, all seating (movable & fixed), all exits, size & swing of all doors, all stairs, all corridors, all aisles &
all emergency and exit lighting. The plans must be signed and sealed by a N.Y.S. Licensed Design Professional.
(2) A site plan of the property upon/within which the establishment will operate, to include zoning, location and
distance of neighboring buildings, parking facilities, fire lanes and all neighboring streets, unless the Building
Commissioner shall determine in writing that the property is in full compliance with all applicable building, safety
and zoning requirements.

Renewal Requirements:
Have changes been made to this establishment/property since the previous Public Assembly License approval?
Y_____ N____ (If yes, describe).
__________________________________________________________________________________________

* NOTE: If there have been changes, the renewal application shall require the information listed under “New
Application Requirements.”

For all occupancies: The following letters/certifications are to be submitted annually:
1) Contract of maintenance for kitchen hood cleaning.
2) Fire extinguisher maintenance contract.
3) Nassau County Fire Marshall’s Emergency Light Test Certification.
4) Fire Alarm Certification (when so equipped).
5) Sprinkler System Certification (when so equipped).
6) Letter/contract from Sanitation Company regarding refuse collection (when refrigeration of refuse is required).

Business Classification: Individually owned _____ Partnership _____ Member owned _____ Corporation _____
If corporation, provide date and place organized. Date: __________________________ State: __________
If a foreign corporation, has a Certificate of Authority been obtained to conduct business in New York? Y_____ N_____ N/A_____ If yes, provide date_________________ & Registration #________________________
Other, explain ________________________________________________________________________________

Use/ Occupancy Type ____________________________________________________________________________
(Restaurant, Catering Hall, Church, Gym Etc.)

Is premise occupied under a lease agreement? Y_____ N_____ If yes, indicate _________________________/___________________________/___________________________
Written/ Oral Date of Lease Expiration Date

Is a current Alcohol Beverage Control License in effect? Y_____ N_____ N/A_____ If yes, provide license #__________________
(If licensed, a copy of said license must be provided)

Has a Board of Zoning Appeals decision been rendered concerning this property or establishment? Y_____ N_____ N/A_____ If yes, explain________________________________________________________________________________

List concessionaires, if any - Use additional sheets if necessary:
Name(s) Address Nature
_____________________________/ __________________________________/ __________________________

PROPERTY OWNER INFORMATION (if different than above) Use additional sheets if necessary:
∙ If individual owner/ operator, list name & address, phone number(s) and e-mail address.
∙ If partnership, list names, addresses & percent of interest of all partners.
∙ If a corporation, list names and addresses of all officers/ directors and their percent of interest in said corporation.
∙ List stockholders with more than 5% interest in corporation
Name(s) Address Phone/ E-mail
_____________________________/ __________________________________/ __________________________

In consideration of being granted a Place of Assembly/Place of Public Assembly License, it is agreed the applicant will comply with all requirements of the Village of Manorhaven Local Law - Chapter 38 -10 (d) “Operating Permits” and Chapter 38 – 11 A. (1), “Fire safety and Property Maintenance Inspections.”
The provided information is truthful and accurate to the best of my knowledge. I understand that false statements made herein may result in a criminal penalty and/or revocation of any issued Assembly License. I agree to comply with current requirements of the Building Department of the Village of Manorhaven, any requirements promulgated in the future and will allow inspections of the listed property as necessary to insure compliance. In the event any of the provided information changes, I will immediately notify this office and provide the updated information.

I understand this application does not become a Place of Assembly/Place of Public Assembly License until approved by a Public Assembly Inspector and the Commissioner of Buildings. Failure to abide by the listed regulations may result in the revocation of any approved Public Assembly License. I also understand a Public Assembly License is valid for one year from the date of issuance and I am responsible for renewal of same.

Sworn to before me this_________ Day of_______________________, 20_____

______________________________________________________________________________
Signature of Owner Notary Public

For office use only
Application Fee: $ ________________ Date application filed_________________

Maximum Occupancy- NYS Uniform Code________ Maximum Occupancy- BZA decision (if applicable)

Based on the statements in this application, inspection reports, office reports and other relevant information, it is recommended that a Place of Assembly/ Public Assembly License/ Renewal be:
Approved_______ Denied_______ Date_____________ License expiration _________________________

Inspected by_________________________ Date(s) Inspected________________

______________________________________________________________________________
Public Assembly Inspector