PUBLIC ASSEMBLY APPLICATION

In accordance with the Code of the Town of Henrietta and the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Henrietta.

All fields must be completed. If not applicable, please mark with N/A

Town of Henrietta

Office of the Fire Marshal 475 Calkins Road Henrietta, NY 14467 (585) 359-7060 (585) 321-6093 Fax

Date:



	<u>UNSIGNED APPI</u>	<u>LICATIONS WILL BE RETU</u>	KNED		
	APPLIC	CANT INFORMATION			
BUSINESS NAME:					
ADDRESS:					
CITY:		STATE: NY	ZIP:		
PHONE#:	FAX#:	E-MAIL:			
BUSINESS OWNER'S		PHONE #:			
SIGNATURE:					
	MAILING ADDRESS (If	different from applica	ınt informat	tion)	
NAME:					
ADDRESS:	CIT	ГΥ:	STATE:	ZIP:	
	EMERGENCY	CONTACT INFORMA	TION		
EMERGENCY CONTACT INFORMATION (SHOULD BE ABLE TO RESPOND WITHIN 10 MINUTES)					
NIARATE.		NI A DATE.			
NAME:		NAME:			
PHONE #•		PHONE #•			

ANNUAL FEE

To Operate A Place of Public Assembly......\$100.00

PROVIDE:

PHONE #:

(Only if new applicant or an alteration has occurred within the last year)

☐ Floor Plan & Seating Arrangement with Dimensions (Floor plan shall show all exits from the space)

☐ Exiting Plans

☐ Type of Venue (i.e. Restaurant, Theater, Bar)

☐ Special Security Provisions or Concerns

DOES THIS BUSINESS OCCUPY THE ENTIRE BUILDING?

YES □ NO □

Maximum Assembly Occupant Load _____

PHONE #: _____

A copy of the permit must be kept on site

Public Assembly Permits expire one year from issue date and must be renewed annually

Make checks payable to the **TOWN OF HENRIETTA**