

Town of Southampton  
DIVISION OF FIRE PREVENTION  
18 Jackson Avenue  
Hampton Bays, NY 11946  
Telephone: 631-702-2919  
Fax: 631-728-3688

John J. Rankin  
Chief Fire Marshal



**20 PUBLIC ASSEMBLY PERMIT APPLICATION**

- 1) NAME OF BUSINESS: \_\_\_\_\_
- 2) ADDRESS OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_
- 3) TELEPHONE NUMBER: \_\_\_\_\_
- 4) MAILING ADDRESS (if different from above): \_\_\_\_\_  
\_\_\_\_\_ E-Mail \_\_\_\_\_
- 5) Is business a corporation? If so please list name of corporate officers:  
President: \_\_\_\_\_ Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_
- 6) Is business a partnership? If so, please list type of partnership and names of partners:  
\_\_\_\_\_
- 7) LOCATION OF PREMISES (where permit is required): \_\_\_\_\_
- 8) NAME OF BUSINESS OWNER: \_\_\_\_\_  
BUSINESS OWNER'S LEGAL ADDRESS \_\_\_\_\_  
BUSINESS OWNER'S LOCAL ADDRESS \_\_\_\_\_  
BUSINESS OWNER'S TELEPHONE NUMBER \_\_\_\_\_
- 9) NAME OF PROPERTY OWNER: \_\_\_\_\_  
OWNERS LEGAL ADDRESS: \_\_\_\_\_  
OWNER'S TELEPHONE NUMBER: \_\_\_\_\_
- 10) In case of emergency list contact person and telephone number:  
Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 11) If owner of property is different from applicant, in case of an emergency list contact person and #:  
Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 12) Has applicant ever declared bankrupt or bankruptcy application pending? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) Has applicant had a permit ever denied, suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14) Has applicant ever been convicted of a crime? If so, please provide dates of convictions along with a brief statement setting forth the penalties imposed. Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 15) List the name and telephone number of at least one individual who resides in Suffolk County and is authorized to accept service on behalf of the owner of the property.  
Person: \_\_\_\_\_ Phone # \_\_\_\_\_

- 16) List the name and telephone number of at least one individual who resides in Suffolk County and is authorized to accept service on behalf of the owner of the business.  
Person: \_\_\_\_\_ Phone # \_\_\_\_\_
- 17) If the premises are leased, list the names and addresses (business, current residence and legal residence) of all lessees, subleases, assignees and tenants, and the name and address (business, current residential and legal residence) of at least one individual within Suffolk County who is authorized to accept service on behalf of the lessee, sublease, assignee or tenant. Use separate pages as necessary.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 18) Describe the intended use of each area where the occupant load may exceed fifty people.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 19) Attach a set of floor plans, drawn to scale, of the furniture, equipment and interior partitions on the premises, including outdoor areas of use. Any deviation from the plan as submitted, which affects occupant load or exiting, without prior written approval of the Chief Fire Marshal or his/her designee shall invalidate the permit.
- 20) Attach a valid certificate of occupancy for all buildings, structures and uses on the property.
- 21) Attach the fire safety and evacuation plan for the premise. In the case of a new owner, lesee, sublease, assignee or tenant the plan shall be provided to the Division of Fire Prevention prior to opening to the public, including private parties.
- 22) Employees shall receive training in the contents of the fire and safety plan for the premise. Attach training records for employees for the past calendar year. In the case of a new owner, lesee, sublease, assignee or tenant, the plan and records are to be provided to the Division of Fire Prevention prior to opening to the public, including private parties.
- 23) Attach a valid Suffolk County Department of Health permit.
- 24) Attach a valid NYS Liquor License.
- 25) A separate permit is required from the Division of Fire Prevention for any tent in excess of 200 square feet or any canopy in excess of 400 square feet, when permitted by the Fire Code of the State of New York and the zoning code of the Town of Southampton.
- 26) Pursuant to Section 175.35 of the New York State Penal Code, a person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with the intent to defraud the state or political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded or otherwise become a part of the records of such public office or public servant. Offering a false instrument for filing in the first degree is a class E felony.
- 27) If the application is deemed incomplete, the Chief Fire Marshal shall notify the applicant as to the specific information or documentation required to complete the application and that the applicant has thirty (30) days from the date of notice to submit the application.

28) Occupant load	2021 Fees
50 to 250	\$200.00
251 to 500	\$400.00
500 to 1,050	\$700.00
More than 1,050	\$1,000.00

***\*\*All Public Assembly permits shall be subject to a late fee of \$50.00 for any permit that is not renewed within thirty days of its date of expiration. Please note: all fees are non-refundable and all permits are non-transferable. \*\****

**CHANGES TO PERMIT**

- 1) Permits shall not be transferable or assigned.
- 2) Any changes in the activity, operation, location or ownership shall require that a new permit be issued.
- 3) A copy of this permit shall be posted or otherwise readily accessible at each place or operation or carried by the permit holder.
- 4) No permit issued shall be interpreted to justify a violation of Town Code 164 or any other applicable law or regulation.
- 5) Application is hereby made to the Division of Fire Prevention for issuance of a permit to Town Code 164 and all amendments thereto, for the regulated activity as herein described.

**Please Use the Below Checklist to Make Sure Your Application is Complete**

- Application filled out completely (NO Blanks)**
- Attached floor plans drawn ¼ scale**
- Attached valid certificate of occupancy for all buildings, structures and uses of the property**
- Attached a fire safety and evacuation plan**
- Attached training records for all employees of the business for the past calendar year**
- Attached a valid Suffolk County Department of Health permit**
- Attached a valid New York State Liquor License (if alcohol is served on the premises)**

**If property owner is not the business owner, both sections must be completed.**

For the property owner:

State of New York) ss:  
County of Suffolk)

\_\_\_\_\_ being duly sworn, deposes and says that he/she resides at \_\_\_\_\_ and that he/she is the agent for the owner/tenant of the premises described in the within application, and states that the proposed regulated activity had been authorized by the owner/tenant and that the aforesaid applicant has been authorized to make the application as the owner's/tenant's agent. The owner/tenant authorizes the applicant to consent to permit any employee of the Division of Fire Prevention to enter upon the premises without a search warrant for the purpose of inspecting the proposed regulated activity.

Sworn this date of \_\_\_\_\_

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Property Owner

For the business owner:

State of New York) ss:  
County of Suffolk)

\_\_\_\_\_ being duly sworn, deposes and says that he/she resides at \_\_\_\_\_ and that he/she is the agent for the owner/tenant of the business described in the within application, and states that the proposed regulated activity had been authorized by the owner/tenant and that the aforesaid applicant has been authorized to make the application as the owner's/tenant's agent. The owner/tenant authorizes the applicant to consent to permit any employee of the Division of Fire Prevention to enter upon the premises without a search warrant for the purpose of inspecting the proposed regulated activity.

Sworn this date of \_\_\_\_\_

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Business Owner