



**VILLAGE OF MANORHAVEN**  
**Building Department and Code Enforcement**  
33 Manorhaven Blvd. Port Washington, NY 11050  
Phone: 516-883-7000/ Fax: 516-883-4535

**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 1/4" = 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*).

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**\* 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