



Incorporated Village of Lake Grove
 Office of the Fire Marshal
 Email: FireMarshal@LakeGroveNY.Gov



Operating/Assembly Permit/Business Registration Form

If any part of this application is illegible, left blank or filled with inaccurate information, we cannot issue a permit and your establishment will be closed. If we cant read it, we will have to reject it.

ALL INFORMATION IS TO BE LEGIBLY PRINTED OR TYPED.

2021/BRF

1-BUSINESS INFORMATION

Business Name:					
Address:					
Floor #	Suite#	Store Phone #	Store Email Address	Corporate store # (example Jim's #705)	

2-BILLING INFORMATION

	Check the box on the left if the billing department address is the same as the store address. If it is, skip down to section 3				
Bill To:					
Department					
Billing Address:					
City	State	Zip Code	Billing Phone#		
Billing Contact Name+Title			Phone	Email:	

3-OPERATIONAL INFORMATION

Hours of operation:	Average # of employees per shift	Any Handicapped Employees? (Y or N)

4-STORE MANAGER/RESPONSIBLE PARTY AFTER HOURS CONTACT INFORMATION

	Name (First and Last)	Cell Phone	Email Address
Manager:			
Asst Mgr:			
Keyholder:			
District Mgr:			

5-KNOX BOX	Yes/No
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Have the locks to access this store/bldg been changed in the past 12 months? (Yes or No)	
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If your locks have been changed in the past 12 months, you must contact this office immediately & make arrangements to give us an updated key that we will place in the Knox Box.

6-HAZARDOUS MATERIALS	Yes/No
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Are there any hazardous or flammable materials being used or stored in any part of this occupancy? (Yes or No)	
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If you answered yes to this question, you are required to complete and return a Hazardous Material Inventory Statement. If one was not found with this application, you can download it from the ONLINE FORMS section of the village website (www.lakegroveny.gov).

7-PREPLAN DIAGRAM	
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If the box to the right is checked, you are required to submit a preplan diagram to this office.	
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This preplan diagram is critical and allows the fire department to understand the layout of your store/building.

8-TENANT LIST

If you are the landlord of this building and it is a multiple occupancy, you must provide this office with the occupant information for each suite.

Suite #	Floor	Occupant

CERTIFICATION: By printing and signing my name to this form, I state that I have completed all required paperwork and answered all questions truthfully and to the best of my knowledge. I am aware that providing false/inaccurate information is a misdemeanor under §210.45 of the New York State Penal Law. I am also aware that the information requested in this form is required to be filed under Village of Lake Grove Code §89-14A and failure to do so can result in this business be issued summons and/or closed.

Applicant Name (print)	
Applicant Signature	