

BUSINESS & PUBLIC ASSEMBLY LICENSE APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THE APPLICATION.

INITIAL TO INDICATE THAT ITEMS ARE ATTACHED AND/OR COMPLIANT, or "N/A" IF NOT APPLICABLE TO YOUR APPLICATION.

- 1) Completed application and check for payment of fee. ____ **REQUIRED WITH EVERY APPLICATION***
- 2) Smoke Alarm/Detector Affidavit. ____ **REQUIRED WITH EVERY APPLICATION ***
- 3) Carbon Monoxide Alarm/Detector Affidavit. ____ **REQUIRED WITH EVERY APPLICATION ***
- 4) Exit Sign and Means of Egress Illumination Affidavit/Report. ____ **REQUIRED WITH EVERY APPLICATION ***
- 5) Fire Alarm System Affidavit/Report. ____ **REQUIRED IF YOU HAVE A FIRE ALARM SYSTEM***
- 6) Automatic Sprinkler System Affidavit/Report. ____ **REQUIRED IF YOU HAVE A SPRINKLER SYSTEM***
- 7) New York State Liquor License. ____ **REQUIRED IF YOU ARE SELLING ALCOHOL***
- 8) Nassau County Department of Health Food Service Certificate. ____ **REQUIRED IF YOU SELL FOOD***

- 9) All Fire Extinguishers are compliant with New York State Fire Code Chapter 9 Section 906 PORTABLE FIRE EXTINGUISHERS and: are located where required; are unobscured and unobstructed; have been inspected and passed by a third-party agency; are properly tagged; are mounted on hangers or brackets where not housed in a cabinet. ____

- 10) ANSUL system(s) are compliant with New York State Fire Code Chapter 9 Section 904.12 COMMERCIAL COOKING SYSTEMS and: are located where required; are unobscured and unobstructed; have been inspected and passed by a third-party agency; are properly tagged. ____

- 11) Kitchen Hood(s) are compliant with New York State Fire Code Chapter 6 Section 607 COMMERCIAL KITCHEN HOODS and: are unobscured and unobstructed; have been inspected and cleaned by a third-party agency; are properly tagged. ____

- 12) All hallways, aisles, and any other means of egress are clear and unobstructed. No storage of boxes, merchandise, and/or equipment may reduce the width of such hallway, aisle, or means of egress. ____

I understand that the Village is relying on the accuracy of the information provided herein. I swear this application is a true statement of conditions at the subject address. By submitting this application, I acknowledge and agree that I am the owner of the subject business and have the approval of the property owner to submit this application. I acknowledge that I am responsible for maintaining all applicable life-safety devices and systems as per the New York State Fire Prevention and Building Code, Bayville Village Code, and the rules and/or regulations of any other Authority Having Jurisdiction.

Signature of Business Owner

Date

SWORN TO ME THIS

____ DAY OF _____, 20____

NOTARY PUBLIC

NOTARY STAMP

The Incorporated Village of Bayville

MAYOR
STEVE MINICOZZI

34 SCHOOL STREET
BAYVILLE, NEW YORK 11709

VILLAGE ADMINISTRATOR
MARIA ALFANO-HARDY

BOARD OF TRUSTEES
AIMEE DIBARTOLOMEO
ROBERT E. DE NATALE
ROBERT M. NIGRO
ELISA SANTORO
PETER B. VALSECCHI
ANNE WALSH

TEL: 516-628-1439
FAX: 516-628-3740

VILLAGE ATTORNEY
PETER M. WEILER

APPLICATION FOR BUSINESS LICENSE/PLACE OF ASSEMBLY CERTIFICATE

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

BUSINESS PHONE: _____

BUSINESS OWNER: _____

BUSINESS OWNER MAILING ADDRESS: _____

CELL PHONE (Owner or owners agent): _____

The Incorporated Village of Bayville

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FEE SCHEDULE FOR BUSINESS AND PUBLIC ASSEMBLY LICENSES

<u>Licensed Activity</u>	<u>Fee/each</u>	
Amusement/Video Games	\$100.00	[]
Cabarets (bars, restaurants with entertainment)	\$250.00	[]
Carnivals, per amusement	\$100.00	[]
Excursion Boats	\$100.00	[]
Food Trucks/Ice Cream Vendors (per vehicle)	\$150.00	[]
Jukeboxes	\$ 50.00	[]
Miniature Golf Courses	\$200.00	[]
Parking Lots (for public use)	\$100.00	[]
Restaurants	\$200.00	[]
Theaters, Movies	\$200.00	[]
Tow Trucks	\$200.00	[]
Vending Machines (food/beverage) per machine	\$ 50.00	[]
Water Taxis	\$ 50.00	[]
Public Assembly		
20 – 100 people:	\$ 75.00	[]
101-150 people:	\$150.00	[]
151-200 people:	\$175.00	[]
	\$ 25.00/per 100 people in excess of 200	[]
TOTAL DUE:	\$	due & payable

Name of Business
Name of Owner:
Signature/Owner:



INCORPORATED VILLAGE OF BAYVILLE
BUILDING DEPARTMENT

34 School Street, Bayville NY 11709
516-628-1439 ext. 121

DOUG GROTH
Building Inspector

AFFIDAVIT OF COMPLIANCE:
SMOKE ALARMS / SMOKE DETECTORS

BE ADVISED THAT THE INDIVIDUAL WHOSE NAME AND SIGNATURE AFFIXED TO THIS DOCUMENT STATES THE FOLLOWING:

1. THE SMOKE ALARM(S) / SMOKE DETECTOR(S) INSTALLED (ARE / IS) LISTED AND LABELED AS COMPLYING WITH UL 217.
2. THE SMOKE ALARM(S) / SMOKE DETECTOR(S) HAVE BEEN INSTALLED AND TESTED IN ACCORDANCE WITH THE FIRE WARNING EQUIPMENT PROVISIONS OF N.F.P.A. 72.
3. ALL SMOKE ALARM(S) / SMOKE DETECTOR(S) ARE CURRENTLY INSTALLED AND MAINTAINED IN AN OPERATIVE CONDITION AS PER THE NEW YORK STATE UNIFORM CODE.
4. AND ANY ALL SMOKE ALARMS AND SMOKE DETECTORS FOUND TO BE DEFECTIVE OR WHERE THEY CEASE TO OPERATE AS INTENDED SHALL BE REPLACED.
5. THE SMOKE ALARM(S) / SMOKE DETECTOR(S) ARE PERIODICALLY TESTED AS PER THE MANUFACTURER'S INSTRUCTIONS WITH THE MOST RECENT TEST COMPLETED ON:

MONTH _____ DAY _____ YEAR _____

I have read and understand the above noted criteria, and can attest to the compliance with items 1 thru 5 and/or have complied with items 1 thru 5 for the following location:

ADDRESS: _____

PRINT NAME AND TITLE

SIGNATURE

Sworn to before me this ____ day of _____, 20____.



INCORPORATED VILLAGE OF BAYVILLE
BUILDING DEPARTMENT

34 School Street, Bayville NY 11709
516-628-1439 ext. 121

DOUG GROTH
Building Inspector

AFFIDAVIT OF COMPLIANCE:

CARBON MONOXIDE ALARMS / DETECTORS

BE ADVISED THAT THE INDIVIDUAL WHOSE NAME AND SIGNATURE AFFIXED TO THIS DOCUMENT STATES THE FOLLOWING:

1. THE CARBON MONOXIDE ALARM(S) INSTALLED (ARE / IS) LISTED AND LABELED AS COMPLYING WITH UL 2034 OR CAN/CSA 6.19.
2. THE CARBON MONOXIDE DETECTOR(S) INSTALLED (ARE / IS) LISTED AND LABELED AS COMPLYING WITH UL 2075 AND MEETS THE SENSITIVITY TESTING AND ALARM THRESHOLDS OF UL 2034 OR CAN/CSA 6.19.
3. CARBON MONOXIDE ALARM(S) / DETECTOR(S) ARE CURRENTLY INSTALLED AND MAINTAINED IN AN OPERATIVE CONDITION AS PER THE NEW YORK STATE UNIFORM CODE.
4. ANY AND ALL CARBON MONOXIDE ALARMS AND DETECTORS FOUND TO BE DEFECTIVE HAVE BEEN REPLACED AND WHERE THEY CEASE TO OPERATE AS INTENDED THEY SHALL BE REPLACED.
5. THE CARBON MONOXIDE ALARM(S) / DETECTOR(S) ARE PERIODICALLY TESTED AS PER THE MANUFACTURER'S INSTRUCTIONS WITH THE MOST RECENT TEST COMPLETED ON:

MONTH _____ DAY _____ YEAR _____

I have read and understand the above noted criteria, and can attest to the compliance with items 1 thru 5 and/or have complied with items 1 thru 5 for the following location:

ADDRESS: _____

PRINT NAME AND TITLE

SIGNATURE

Sworn to before me this ____ day of _____, 20__.



INCORPORATED VILLAGE OF BAYVILLE

BUILDING DEPARTMENT

34 School Street, Bayville NY 11709
Office: 516-628-1439 ext. 121

DOUG GROTH
Building Inspector

EXIT SIGN AND MEANS OF EGRESS ILLUMINATION AFFIDAVIT

(A document attesting to the same, signed by a representative of the inspection agency, on the inspection agency's letterhead, may be submitted in lieu of this document.)

As per the New York State Fire Code Chapter 11 Section 1104.3 Exit Sign Illumination, exit signs shall be illuminated, which shall be visible under emergency illumination conditions. As per the New York State Fire Code Chapter 11 Section 1104.5, illumination of any means of egress, including aisles, hallways, and stairways, shall be automatically provided from an emergency system in the event of supply failure.

I, _____ as the registered design professional, licensed electrician, or installer, hereby certify that on (date) _____, I examined and/or tested all exit sign illumination and means of egress emergency illumination located at: _____; and to the best of my knowledge, information and belief, the exit sign illumination and means of egress emergency illumination, is safe and in accordance with the provisions of the New York State Fire Code, Chapter 11 Sections 1104.3 through 1104.5 and all other applicable ordinances. The egress path from each occupancy is clear, unobstructed and adequately lighted and all exit signs are properly illuminated.

(Seal & Signature)

(Address)

(Telephone No. / Email Address)

Sworn to before me this _____ day of _____, 20 _____.

(Notary Public)



INCORPORATED VILLAGE OF BAYVILLE

BUILDING DEPARTMENT

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DOUG GROTH
Building Inspector

FIRE ALARM SYSTEM AFFIDAVIT

(A document attesting to the same, signed by a representative of the inspection agency, on the inspection agency's letterhead, may be submitted in lieu of this document.)

As per the New York State Fire Code Chapter 11 Section 1103.7, an approved fire alarm system shall be installed in existing buildings and structures in accordance with Sections 1103.7.1 through 1103.7.6 and provide occupant notification in accordance with Section 907.5, except for occupancies with an existing, previously approved fire alarm system.

I, _____ as the registered design professional or licensed fire alarm system installer certify that on (date) _____, I examined and/or tested all fire alarm systems located at: _____; and to the best of my knowledge, information and belief, the fire alarm system is operating in accordance with the provisions of the New York State Fire Code, Chapter 11 Sections 1103.7.1 through 1103.7.6 and all other applicable ordinances.

(Seal & Signature)

(Address)

(Telephone No. / Email Address)

Sworn to before me this _____ day of _____, 20 _____.

(Notary Public)



INCORPORATED VILLAGE OF BAYVILLE

BUILDING DEPARTMENT

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DOUG GROTH
Building Inspector

AUTOMATIC SPRINKLER SYSTEM AFFIDAVIT

(A document attesting to the same, signed by a representative of the inspection agency, on the inspection agency's letterhead, may be submitted in lieu of this document.)

As per the New York State Fire Code Chapter 9 Sections 901 and 903.5, sprinkler systems shall be tested and maintained.

I, _____ as the registered design professional or automatic sprinkler system installer/inspector, hereby certify that on (date) _____, I examined and/or tested all fire alarm systems located at: _____; and to the best of my knowledge, information and belief, the automatic sprinkler system is operating in accordance with the provisions of the New York State Fire Code, Chapter 9 Section 903 and all other applicable ordinances.

(Seal & Signature)

(Address)

(Telephone No. / Email Address)

Sworn to before me this _____ day of _____, 20 _____.

(Notary Public)
