

# VILLAGE of NORTHPORT

INCORPORATED IN 1894

224 Main Street, Northport, New York 11768, 631-261-7502, fax: 631-261-7521

Office of the Fire Marshal

Email: firemarshal@northportny.gov

## Business Registration Form

As per the of the Code of the Incorporated Village of Northport, all persons, corporations or other entities owning commercial businesses, zoned or assessed properties in the Village of Northport and their landlords shall file a certificate of business registration with the Chief Fire Marshal. **YOU MUST ANSWER ALL QUESTIONS OR THE APPLICATION WILL BE REJECTED.**

A new business registration shall be filed with the Chief Fire Marshal whenever the following situations occur:

- 1-There is a change in ownership of the business being conducted.
- 2-There is manufactured, maintained, handled or kept chemicals, explosives, flammable liquids, gases or other hazardous substances or materials which were not included in any previously issued certificate of registration.
- 3-There is any alteration in the type of business or activities for which a certificate of registration had been previously issued.

No permits will be issued until the fee prescribed has been paid. No amendment to a certificate of business registration shall be permitted. Certificate of business registrations expire 12 months after the issuance date or upon date of a new certificate that has indicated compliance with all applicable laws. **It is the obligation of the owners of such businesses and their landlords to file a new certificate of business registration.**

### Type:

- |   |  |
|---|--|
| <input type="checkbox"/> Operating Permit       | <input type="checkbox"/> Flammable Liquids   |
| <input type="checkbox"/> Assembly Permit        | <input type="checkbox"/> Cutting and Welding |
| <input type="checkbox"/> Public Assembly Permit | <input type="checkbox"/> Spray Booth         |
| <input type="checkbox"/> Public Garage          | <input type="checkbox"/> Hazardous Materials |

### Location:

Business: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Premise Phone: \_\_\_\_\_ Premise Fax: \_\_\_\_\_  
Hours of operation: \_\_\_\_\_  
Average # of employees per shift: \_\_\_\_\_ Any handicapped employees?  YES  NO  
Nature of your business: \_\_\_\_\_

### Building Data:

Construction Type:  Wood  Masonry  Truss  
Height: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_ SQFT: \_\_\_\_\_ Stories: \_\_\_\_\_

### Landlord:

Same as occupant (if you check this box, it is not necessary to complete the rest of this section)

Building Owner Name: \_\_\_\_\_  
Building Owner Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Building Owner Phone: \_\_\_\_\_  
Building Owner Contact Person: \_\_\_\_\_  
Contact person cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact:**

Manager Name: \_\_\_\_\_ 2nd Contact Name: \_\_\_\_\_  
Manager Home Phone: \_\_\_\_\_ 2nd Contact Home Phone: \_\_\_\_\_  
Manager Cell Phone: \_\_\_\_\_ 2nd Contact Cell Phone: \_\_\_\_\_  
Manager Email: \_\_\_\_\_ 2nd Contact Email: \_\_\_\_\_  
District Manager Name: None \_\_\_\_\_  
District Manager Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
District Manager Email: \_\_\_\_\_

**Building Information:**

Is there a fire alarm in your building? YES NO  
Where is the fire alarm panel located? \_\_\_\_\_  
Is the fire alarm monitored by a Central Station Monitoring Company? YES NO  
Name of Central Station: \_\_\_\_\_  
Name of fire alarm maintenance company: \_\_\_\_\_  
Is there a Knox Box? YES NO Location: \_\_\_\_\_  
Is there a basement in your building? YES NO What is the basement used for? \_\_\_\_\_  
How is the basement accessed? Interior stairway Exterior stairway  
Are there apartments in this building? YES NO  
Where are the apartments located? Basement Upper floor Attic # of Apartments: \_\_\_\_\_  
Are any of the apartment occupants handicapped, invalid, deaf, blind or elderly? YES NO  
If you answered yes to the question above, what apartment or rooms are they in? Write on back of this form.  
Do you use propane for: Cooking Hot water No propane  
Is your building heated with: Oil Natural Gas Electric Propane  
HVAC System location: Ground Level Rooftop  
Does your building have a backup generator? YES NO  
Where is the boiler located? \_\_\_\_\_  
If your boiler uses oil, where is the tank located? \_\_\_\_\_  
Where is the main shut off for your boiler? \_\_\_\_\_  
Where is the main shut off for your gas? \_\_\_\_\_  
Where is the main shut off for your water? \_\_\_\_\_

**Certification:**

**WARNING: Read Carefully as whomever signs this document will be held accountable for all of the information contained herein.**  
CERTIFICATION: I am authorized to complete this application. With my signature, I certify that this application has been properly completed and that all of the above statements are true and correct to the best of my knowledge.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

I am also aware that any false statement made herein is punishable as a misdemeanor pursuant to Section §210.45 of the New York State Penal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>OFFICE USE ONLY Status</p> <p><input type="checkbox"/> Approved FM: _____</p> <p><input type="checkbox"/> Rejected Date: _____</p>	<p>OFFICE USE ONLY Fee Paid</p> <p>Amount: _____</p> <p><input type="checkbox"/> Check <input type="checkbox"/> M.O.  <input type="checkbox"/> Cash Receipt #: _____</p>	<p>OFFICE USE ONLY Disposition</p> <p><input type="checkbox"/> Mailed <input type="checkbox"/> Left at Village</p> <p>Permit #: _____</p>
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