



Incorporated Village of Northport
Office of the Fire Marshal
224 Main Street
Northport, NY 11768

Business Registration Form

FP-05

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 YEARLY.**

Type:

Operating Permit

Assembly Permit

Public Assembly Permit

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

Building Owner Name: _____

Building Owner Address: _____

City: _____ State: _____ Zip Code: _____

Building Owner Phone: _____

Building Owner Contact Person: _____

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
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
Do you use propane for: Hot water Cooking No propane
Is your building heated with: Oil Natural Gas Propane Electric
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? _____
Contact person cell phone: _____ Email: _____

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: _____

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