

DEAR OWNER/LESSOR: Please complete form in ink. Please print. Please be sure to complete the entire form. Please return the form to the Code Enforcement Office, 258 Main Street, Oneonta, NY 13820.

PUBLIC ASSEMBLY REGISTRATION FORM

BUSINESS NAME: _____
(Only one business per form.)

BUSINESS ADDRESS: _____

PART I

OWNER:

Name: _____

Corporate Officer: _____
If Applicable

Home Address: _____
Street

City _____ State _____ Zip _____

Day Phone: _____
Area Code _____ Extension _____

Evening Phone: _____
Area Code _____ Extension _____

Email Address: _____

PART II

- 1) Maximum Permitted Occupancy (Occupancy must be posted): _____
- 2) Number of Exits: _____
- 3) Number of Restrooms _____
- 4) Customary Hours of Operation: From _____ To _____
- 5) Are there **other** uses occurring in the building:
 - a) Residential: Yes _____ No _____
 - b) Commercial: Yes _____ No _____
 - c) Other: Yes _____ No _____

- 6) Please indicate fire detection systems: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Battery Operated Smoke Detectors | <input type="checkbox"/> Manual Fire Alarm Pull Station |
| <input type="checkbox"/> Automatic Fire Alarm System | <input type="checkbox"/> No fire detection |
| <input type="checkbox"/> Sprinkler System | |

Please Complete Other Side

PART III

- | | | | | |
|--|-----|-------|----|-------|
| 1) Is food prepared on site? | Yes | _____ | No | _____ |
| 2) Is there a commercial kitchen on site? | Yes | _____ | No | _____ |
| 3) Is there an exhaust hood on site? | Yes | _____ | No | _____ |
| 4) Is there a fire suppression system? | Yes | _____ | No | _____ |
| 5) Are there live performances onsite? | Yes | _____ | No | _____ |
| 6) Has staff been trained in fire safety and evacuation plans? | Yes | _____ | No | _____ |

PART IV

Manager's Contact Information:

Name: _____

Day Phone: _____

Evening Phone: _____

Email Address: _____

PART V

DATE

OWNER'S SIGNATURE