



**TOWN OF BABYLON**  
**DIVISION OF FIRE PREVENTION**  
**GILBERT W. HANSE, FIRE MARSHAL**  
 999 NORTH INDIANA AVENUE  
 LINDENHURST, NEW YORK 11757-2199  
 TEL: (631) 957-3009 FAX (631) 957-3107  
 EMAIL: [babylonfiremarshal@townofbabylon.com](mailto:babylonfiremarshal@townofbabylon.com)



**PUBLIC ASSEMBLY — FORM 1**

BUSINESS NAME: \_\_\_\_\_

INCORPORATED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #

FAX #

TYPE OF ASSEMBLY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX**

Application No. \_\_\_\_\_

Required Fee \_\_\_\_\_

Permit No. \_\_\_\_\_

Processed \_\_\_\_\_

CTM \_\_\_\_\_

C.O.P. \_\_\_\_\_

Building Type \_\_\_\_\_

Fire District \_\_\_\_\_

Total # of Occupants Permitted: \_\_\_\_\_

**PRESIDENT/OWNER:**

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 ( ) ( )

DATE OF BIRTH: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 / /

IF CORPORATION OR PARTNERSHIP, PARTNER   
 PERCENT OF INTEREST: OFFICER   
 \_\_\_\_\_ % STOCKHOLDER

**CO-OWNER:**

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 ( ) ( )

DATE OF BIRTH: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 / /

IF CORPORATION OR PARTNERSHIP, PARTNER   
 PERCENT OF INTEREST: OFFICER   
 \_\_\_\_\_ % STOCKHOLDER

**CORPORATE OR LLC INFORMATION:**

ADDRESS OF CORPORATION: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ( ) ( )

STATE IN WHICH BUSINESS IS INCORPORATED: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

**CO-OWNER:**

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 ( ) ( )

DATE OF BIRTH: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 / /

IF CORPORATION OR PARTNERSHIP, PARTNER   
 PERCENT OF INTEREST: OFFICER   
 \_\_\_\_\_ % STOCKHOLDER

COMPLETE ALL SECTIONS ON THE REVERSE SIDE OF THIS FORM.

1. Does the applicant occupy the said premises under a lease? Yes  No   
If yes, indicate: Name and address of Lessor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Lease: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Is any license under the Alcoholic Beverage Control Law now in effect in the name of the applicant? Yes  No   
If yes, indicate:

Date license was granted: \_\_\_\_\_ License # \_\_\_\_\_  
If application is pending, indicate date of application: \_\_\_\_\_

3. State the name and address of each person, firm, or corporation, other than the applicant, the partners of the applicant partnership, or the applicant corporation, its officers, directors or stockholders, who is entitled to a share of the income or profits of, or has an interest in the business to be licensed. If none, check:  None

Name	Address	Details of Interest

4. If a corporate application, give date and place where corporation was organized:

Date: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

5. If a foreign corporation, has a certificate of authority to do business in this State been obtained? Yes  No   
If yes, indicate:

Date: \_\_\_\_\_ Registration #: \_\_\_\_\_

6. Is any Public Assembly License now in effect for the premises for which this application is filed, or for any part of the building containing the same? Yes  No   
If yes, indicate:

Name of License: \_\_\_\_\_ License #: \_\_\_\_\_

7. Has any Public Assembly License previously granted by the Town of Babylon been suspended? Yes  No   
If yes, indicate:

License #: \_\_\_\_\_ Date of Suspension: \_\_\_\_\_

8. Has a Certificate of Occupancy been issued for the building as a place of assembly? Yes  No   
If yes, indicate:

Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Valid Certificate of Occupancy shall be submitted with this application.

9. Has the applicant, or any of the partners, or any of the officers, directors, or stockholders ever been convicted of any crime, misdemeanor, or violation of any local law or ordinance? Yes  No   
If yes, indicate:

Date of Conviction	Name of Person Convicted	Crime or Offense Involved

10. Has the Designation of Agent Form been filed with this application? Yes  No

The applicant hereby agrees that the occupation record and all other papers filed in support of this application by any person having any interest, direct or indirect, either in the premises or in the business to be licensed, for any license or permit, shall be deemed and made a part hereof and considered by the Department of Planning and Development of the Town of Babylon in acting upon this application.

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the requirements of the Department of Planning and Development of the Town of Babylon now in force or which may in the future be promulgated for places of public assembly. PENALTY FOR FALSIFICATION – Falsification of any statement made herein may be subject to suspension or revocation.

The following certification must be signed and dated by the individual applicant and each member of partnership: - The undersigned certifies that he/she is the applicant named above; that he/she knows the contents of the above application, and the statements contained therein, and the same are true of his/her own knowledge.

Dated: \_\_\_\_\_  
Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of each Applicant, Partner, or Authorized Officer