



# Village of Mastic Beach-Office of the Fire Marshal

Post Office Box 521, 369 Neighborhood Road Mastic Beach, NY 11951  
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MBFM006 7/2011

## Business Registration Form

As per §220.1.6 of the Code of the Incorporated Village of Mastic Beach, all persons, corporations or other entities owning commercial businesses, zoned or assessed properties in the Village of Mastic Beach 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- here 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- here 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.**

<b>Type</b>	<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

<b>Location</b>	Business Name: <input type="text"/>	
	Address: <input type="text"/>	
	Premise Phone: <input type="text"/>	Premise Fax: <input type="text"/>
	Hours of operation: <input type="text"/>	
	Average # of employees per shift: <input type="text"/>	Any handicapped employees? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Nature of your business: <input type="text"/>	

<b>Landlord</b>	<input type="checkbox"/> Same as occupant (if you check this box, it is not necessary to complete the rest of this section)		
	Building Owner Name: <input type="text"/>		
	Building Owner Address: <input type="text"/>		
	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
	Building Owner Phone: <input type="text"/>		
	Building Owner Contact Person: <input type="text"/>		
	Contact person cell phone: <input type="text"/>	Email: <input type="text"/>	

<b>Contact</b>	Manager Name: <input type="text"/>	2nd Contact Name: <input type="text"/>
	Manager Home Phone: <input type="text"/>	2nd Contact Home Phone: <input type="text"/>
	Manager Cell Phone: <input type="text"/>	2nd Contact Cell Phone: <input type="text"/>
	Manager Email: <input type="text"/>	2nd Contact Email: <input type="text"/>
	District Manager Name: <input type="checkbox"/> None <input type="text"/>	
	District Manager Office Phone: <input type="text"/>	Cell: <input type="text"/>
District Manager Email: <input type="text"/>		

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:  Phone:

Name of fire alarm maintenance company:

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:

Any 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

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.**

The application is to be signed in both areas marked "Signature" in blue.

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