



**INCORPORATED VILLAGE OF PORT JEFFERSON**

**DIVISION OF FIRE PREVENTION**

88 North Country Rod, Port Jefferson, NY 11777  
Telephone (631) 473-4744 Fax (631) 473-2049

**APPLICATION FOR OPERATING LICENSE and  
SPECIAL LICENCE (*when applicable*)**

*Pursuant to Chapter 85 AND 139 of the Port Jefferson Village Code*

Section Block Lot \_\_\_\_\_ Fee \_\_\_\_\_ (Additional Fees listed if applicable)

Name of Business: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Name and Address of Business Owner or Officers if a Corporation:

\_\_\_\_\_  
Telephone of Business Owner \_\_\_\_\_

Principal Use \_\_\_\_\_ Accessory Uses: \_\_\_\_\_  
(See Below)

ACCESSORY USES: The following other SPECIAL LICENSES are in force and effect. ADDITIONAL FEES as listed to be included with application (*circle one*):

Music Singing Dancing, Dramatic Plays, Dance Halls, Cabarets and/or places in which dancing is an incidental use or activity Fee \$200.00

Places in which manual or automatically operated electronic, mechanical or computerized amusement devices are maintained Fee \$100.00

Premises is Owned: \_\_\_\_\_ Leased or Rented: \_\_\_\_\_

If rented or leased, Name and Address of Building Owner

Telephone Number of Building Owner: \_\_\_\_\_

Days of Operation: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Hours of Operation: \_\_\_\_\_

Location of Dumpster: \_\_\_\_\_

Name of Refuse Removal Company \_\_\_\_\_

Number of Weekly Pickups: \_\_\_\_\_

Have there been any changes or alterations to the business or building in the last twelve (12) months? \_\_\_\_\_



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THIS APPLICATION AND ANY LICENSE / PERMIT ISSUED ARE PURSUANT TO THE  
PROVISIONS OF CHAPTERS 85 AND / OR 139 OF THE VILLAGE CODE

THIS LICENSE /PERMIT DOES NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW AND IS NOT TRANSFERABLE.  
ANY CHANGE IN THE USE, OCCUPANCY OR OWNERSHIP OF PREMISES SHALL REQUIRE A NEW LICENSE / PERMIT.

PRINT NAME \_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

I, (We), swear that the foregoing matters set forth herein are true.

\_\_\_\_\_  
*Signature* *Title* *Date*

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

**ADDENDUM TO APPLICATION FOR  
BUSINESS OWNER**

Gross Square Footage of Occupancy Space: \_\_\_\_\_

Maximum Permitted Occupancy \_\_\_\_\_  
(as determined by Fire Marshal)

I, the undersigned owner, understand that I (or my manager on duty) am responsible for ensuring that the occupancy of my business does not exceed that approved by the Fire Marshal (as listed above). I understand that it is a violation of the New York State Fire Prevention and Building Code to exceed this maximum permitted occupancy and that I am subject to legal action (and revocation of this license) if it is determined at any time that the occupancy of my business exceeds the approved limits.

PRINT NAME \_\_\_\_\_

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**NOTE: This Addendum must be completed for each and every assembly space/room within the business.**

**TO BE COMPLETED BY FIRE INSPECTOR**

Occupancy \_\_\_\_\_

Violations \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Approved \_\_\_\_\_  
*Fire Inspector*

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

Approved \_\_\_\_\_

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