



MAYOR
PAUL V. PONTIERI, JR.
DEPUTY MAYOR
JOHN A. KRIEGER
VILLAGE CLERK
PATRICIA M. SEAL

TRUSTEES
GERARD J. CREAN
JOSEPH E. KEYES, JR.
LORI B. DEVLIN
WILLIAM HILTON
THOMAS E. FERB

INCORPORATED
VILLAGE OF PATCHOGUE

COMMERCIAL NOISE PERMIT APPLICATION
(In accordance with Section 281-9 of the Village Code)

Fees: Capacity	1-100	\$150.00	Capacity in persons: _____	Fee: _____
	101-300	\$300.00		
	301-600	\$600.00	Copies to Board on: _____	Receipt No: _____
	Over 600	\$1,000.00	Schedule for: _____	Date Paid: _____

Effective from January 1st to December 31st

Application for Public Assembly License for Cabaret, Theatre, Dance Hall Establishment, and all places of public assembly:

_____ hereby applies for a _____ license, to operate at _____, Patchogue, New York to operate under said establishment doing business as _____ and makes the following statements in furtherance of such application:

If applicant is a partnership, include all names:

<u>Full Name</u>	<u>Residence Address</u>
_____	_____
_____	_____
_____	_____

If applicant is a Corporation:

<u>Full Name and Title</u>	<u>State/Date of Incorporation</u>	<u>Principle Place of Business</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date and place of filing of Certificate of Trade Name: _____



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State name, address and nature with respect to each concessionaire, if applicable:

<u>Name</u>	<u>Address</u>	<u>Nature and Type of Concession</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant is Owner: _____ Tenant: _____ Contract Vendee: _____ of location of operation:

If Applicant is other than Owner, indicate Owner's name and address.

Name: _____ Address: _____ Phone: _____

If Tenant, Is lease Written or Oral: _____ Date of Lease: _____ Expiration of Lease: _____

Does Applicant intend to have outdoor entertainment: Yes _____ No _____ If yes, provide details such as type of Entertainment, where outside entertainment will be held and include capacity of person, and indicate days of week and times that outside entertainment will operate:

LICENSE INFORMATION

Is any public assembly license now in effect for this premise or part thereof? Yes _____ No _____

If Yes, state name and license number: _____

Is any license under the Alcohol Beverage Control Law now in effect in the name of the Applicant? Yes _____ No _____

If yes, date the license was granted: _____ License Number: _____ **Attach copy of license**

Is an application for a license under the Alcohol Beverage Control Law now pending in the name of the applicant?

Yes _____ No: _____ If so, give date of application: _____

Are other licenses or permits required for operation? If so by whom _____

If so, list licenses so far obtained: _____

Is business (for which application is sought) currently operating? Yes _____ No _____

Date of Commencement if Yes _____ Has a Certificate of Occupancy been issued for the building? Yes _____ No _____

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State of New York)

SS: **If Corporation**

County of Suffolk)

On the _____ day of _____ in the year _____ before me personally came

_____ to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in

_____ (if the place of residence is in the city, include the

street and street number, if any, thereof); that he/she/they is (are) the (president or other officer or director or attorney in fact duly

appointed) of the (name of corporation), the corporation described in and which executed the above instrument; that he/she/they

signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

Signature _____

Print Name _____

Sworn to before me this _____ day of _____,

Notary Public

FOR VILLAGE USE ONLY

Based on inspection of the premise on _____, by Building Inspector, the following action is recommended:

_____ approve _____ disapprove _____ approve with the following stipulations:

At the Board of Trustees meeting held on _____, the application was:

approved disapproved approved with the following stipulation _____

License number issued: _____ on _____

Capacity Sign Erected: Maximum Capacity _____ Persons