## **PUBLIC ASSEMBLY APPLICATION**

In accordance with the Code of the Town of Gates and the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

## **Town of Gates**

Office of the Fire Marshal 1605 Buffalo Road Rochester, NY 14624 (585) 247-6100 (585) 426-8581 Fax www.townofgates.org



All fields must be completed. If not applicable, please mark with N/A Date: UNSIGNED APPLICATIONS WILL BE RETURNED

APPLICANT INFORMATION			
BUSINESS NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE#: FAX#:	E-MAIL:	:	
CONTACT NAME:	CELL PHONE #:		
SIGNATURE:			
MAILING ADDRESS (If different from applicant information)			
NAME:	• •	,	
ADDRESS: CITY:		STATE:	ZIP:
Submittal of application, plans and payment of fees <u>does not</u> imply permission or permit by the Town of Gates			
NARRATIVE:			
141Hdd111			
TYPE:	]	PERMIT FEE	<u>Y/N</u>
	-		<u> </u>
To Operate A Place of Assembly (50 – 100 Occupants) \$ 100.00			
To Operate a Place of Assembly (101 – 500 Occupants)\$ 125.00			
To Operate a Place of Assembly (Over 500 Occupants)\$ 175.00			
PROVIDE: (Only if new applicant or an alteration has occurred within the last year)			
Floor Plan & Seating Arrangement with Dimensions	DOES THIS BUSINESS OCCUPY THE ENTIRE BUILDING?		
(Floor plan shall show all exits from the space)  ☐ Exiting Plans	YES □	N	О 🗆
☐ Type of Venue (ie: Restaurant, Theater, Bar)	11.5	11	<b>.</b>
☐ Special Security Provisions or Concerns	Maximum Assembly Occupant Load		
A copy of the permit must be kept on site			

Make checks payable to the **TOWN OF GATES**