

DEAR OWNER/LESSOR: Please complete form in ink. Please print. Please be sure to complete the entire form. Please return the form to the Code Enforcement Office, 258 Main Street, Oneonta, NY 13820.

BUSINESS REGISTRATION FORM

BUSINESS NAME: _____
(Only one business per form.)

BUSINESS ADDRESS: _____

PART I

BUSINESS OWNER:

Name: _____

Corporate Officer: _____
If Applicable

Home Address: _____
Street

Day Phone: _____
City State Zip

Evening Phone: _____
Area Code Extension

Email Address: _____
Area Code Extension

PART II

- 1) Customary Hours of Operation: From _____ To _____
- 2) Are there ***other*** uses occurring in the building:
- | | | |
|-----------------|-----------|----------|
| a) Residential: | Yes _____ | No _____ |
| b) Commercial: | Yes _____ | No _____ |
| c) Other: | Yes _____ | No _____ |
- _____

- 3) Please indicate fire detection systems: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Battery Operated Smoke Detectors | <input type="checkbox"/> Manual Fire Alarm Pull Station |
| <input type="checkbox"/> Automatic Fire Alarm System | <input type="checkbox"/> No fire detection |
| <input type="checkbox"/> Sprinkler System | |

PART III

- 1) Is there a commercial kitchen on site? Yes _____ No _____
- 2) Is there an exhaust hood on site? Yes _____ No _____
- 3) Is there a fire suppression system on site? Yes _____ No _____

PART IV

MANAGER'S CONTACT INFORMATION:

Name: _____

Day Phone: _____

Area Code

Extension

Evening Phone: _____

Area Code

Extension

Email Address: _____

PART V

DATE

BUSINESS OWNER'S SIGNATURE