(914) 722-1219	Fire Inspector's Office SCARSDALE FIRE DEPARTMENT 50 Tompkins Road, Scarsdale NY 10583	Fax (914) 722-1214

APPLICATION FOR PERMIT

Application is hereby made, by the undersigned, for a Permit required by Section 132-66 of the Code of the Village of Scarsdale. This application must be **typed** or **printed. There is a $100.00 fee**.

1) Type of Business, Activity, or Operation Applicant intends to conduct:

____

2) Applicant ____

Address ____

3) Name under which & location Applicant intends to conduct business

Doing Business As ____

Location (St. Address Number) ____

Mailing Address ____

Phone _______-_________ Emergency _______-__________________

4) Building Owner ____

Address ____

If Applicant is a Corporation or Partnership, set forth names and Addresses of all Partners:

____

____

____

Use back of Application if additional space is required.

If Applicant is not Building Owner, indicate Applicant's status:
Lessee [ ] Concessionaire [ ] Licensee [ ]

Duration of Occupancy (termination date): _______________________
** Where do you wish Permit & correspondence to be sent? #2, 3 or 4 **

Date _______________ Signature ______________________________

Print Name ______________________________

Title ______________________________

- -

[ ] Hold Pending Inspection [ ] Approved [ ] Denied

Fire District _______________ ____________________ Fire Inspector ____________________ Date Approved

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4/19/02