



TOWN OF BRIGHTON
Office of the Fire Marshal
 2300 Elmwood Avenue
 Rochester, New York 14618
 (585) 784-5220 Office
 (585) 784-5207 Fax

Hotel / Motel Operational Permit Application

In accordance with the Code of the Town of Brighton and the New York State Fire Prevention and Building Code, an operational permit is required to maintain or operate a Hotel / Motel.

Make Checks Payable – Town of Brighton

Hotel / Motel Permit - Less than 50 Units - \$250.00
Hotel / Motel Permit - More than 50 Units- \$500.00

Applicant & Property Information	Business Name						
	Address			Suite	City	State	Zip Code
	Telephone		Work Telephone		Email Address		
	Property Owner or Mailing Address if different from above						
	Name or DBA						
	Address			Suite	City	State	Zip Code
Telephone		Work Telephone					
Primary Contact	Name						
	Address			City	State	Zip Code	
	Telephone		Mobile Telephone		Work Telephone		
Secondary Contact	Name						
	Address			City	State	Zip Code	
	Telephone		Mobile Telephone		Work Telephone		

The undersigned represents that this application for a permit as described herein will be in accordance with all ordinances of the Town of Brighton and the Fire and Building Code of New York State and that any plans or specifications submitted with this application are the plans or specifications relating to this permit and no other.

Each applicant for a license under this chapter shall make a written application setting forth:

- ◇ The name, residence and postal address of the applicant and the name under which the applicant intends to do business, if different.
- ◇ The exact location of the proposed licensed premises.
- ◇ A description of the buildings, structures and accommodations that comprise the licensed premises.
- ◇ A statement of the number of lawful housing or lodging units at said hotel or motel and the maximum number of persons that can lawfully be accommodated in the licensed premises and each individual unit thereof at any given time.
- ◇ The number and location of the automobile parking spaces and facilities at the licensed premises.
- ◇ The name and address of the owner of the licensed premises.
- ◇ The name or names of the person or persons on the licensed premises upon whom process may be served.
- ◇ A detailed description of the register or system used for the registration of persons to whom accommodations are extended as required by the General Business Law of the State of New York.
- ◇ Whether any person, or any partner of a partnership applicant, or any officer, director, high managerial agent or stockholder of a corporate applicant holding five percent (5%) or more of the stock thereof, or any principal of any other applicant that is not a natural person has ever been convicted of any crime listed in § 79-5 of this chapter, and if so, the details thereof, including, with respect to each conviction, the name of the person convicted, the date thereof, the nature of the crime, the court in which the conviction was entered and the punishment imposed.

Applicant Signature	Applicant Name (Print)	Application Date
---------------------	------------------------	------------------

Permit Number	Issue Date	New Expiration Date	Fee Paid	Check #	Receipt Number	Evacuation Plan Received
---------------	------------	---------------------	----------	---------	----------------	--------------------------