



Incorporated Village of Westhampton Beach

DEPARTMENT OF BUILDING AND ZONING

165 Mill Road, Westhampton Beach, New York 11978

(631) 288-3478 – Fax (631) 288-4332



CERTIFICATE OF BUSINESS REGISTRATION

Tax Map # 905 -- _____ -- _____ -- _____

Type of Business: _____

Business/DBA Name: _____

Physical Location: _____, Westhampton Beach

Business Number: _____ Email: _____

Emergency Number: _____ Alternate Emergency Number: _____

Description of activities: _____

Hazardous Materials at Location: _____

Business Owner: _____

Mailing Address: _____
City State Zip Code

Phone: _____ Email Address: _____

Person/Agent in Charge of Premises: _____

Mailing Address of Agent: _____
City State Zip Code

Phone: _____ Email Address: _____

Property Owner(s): _____

Mailing Address of Owner: _____
City State Zip Code

Phone: _____ Email Address: _____

Any false statement made herein is punishable as a misdemeanor pursuant to §201.45 NYS Penal Law.

Signature of registrant: _____ Date: _____

Printed Name: _____

For office use		Date Received	
Alarm	<input type="checkbox"/> Y <input type="checkbox"/> N	Operating Permit	<input type="checkbox"/> Y <input type="checkbox"/> N
Sprinkler	<input type="checkbox"/> Y <input type="checkbox"/> N	Hazardous Storage	<input type="checkbox"/> Y <input type="checkbox"/> N
H & D	<input type="checkbox"/> Y <input type="checkbox"/> N	Multifamily	<input type="checkbox"/> Y <input type="checkbox"/> N
Key Box	<input type="checkbox"/> Y <input type="checkbox"/> N	Assembly	<input type="checkbox"/> Y <input type="checkbox"/> N
		Construction Type	_____
		Occupancy	_____
		Other	_____
		Posted Assembly Occupancy #	_____