

TOWN OF DICKINSON – OPERATING PERMIT APPLICATION



Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: kdoyle@townofdickinson.com

Permit Fee \$ _____

Permit Number

Directions: Complete pages 1 and 2 of this application, including any required information on appropriate NYS Code Requirements, and return signed application. If you have any questions, please contact the Code Office.

Applicant/ Building Information

Applicant's Name: _____

Applicant's Address: _____

Date of Event: _____

Contact Person: _____ Telephone: _____

Address of Premises for which Operating Permit is requested: Same as above

Other (specify): _____

Signature of Applicant

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

Signature of Applicant or Authorized Representative

Date

Type of Operating Permit Requested

An Operating Permit is required in order to conduct any activity or to use any class of building listed below. Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box.

Tent Permit – Requirements and prerequisites to erect any tent must comply with NYS 2020 Fire Code Chapter 31. Submit sketch with all pertinent details with this application.

Food Truck – Requirements and prerequisites to operate a food truck must comply with Local Law 509 Transient Retail Business, and comply with NYS 2020 Fire Code Section 319.

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For Code Office's use

Inspection Required? YES NO

Inspections Performed? YES NO Date of Inspection _____

Application(s) Approved? YES NO

Operating Permit issued by: _____

Date Operating Permit issued: _____ Date Operating Permit expires: _____

Type of Operating Permit issued: _____

Conditions of Operating Permit: _____

Name (and Title, if applicable) of person signing Application (Please print):
