

TOWN OF AMHERST

FIRE SAFETY DIVISION 5583 MAIN STREET

WILLIAMSVILLE, NY 14221

(p) (716) 631-7140 (f) (716) 631-7192 firesafety@amherst.ny.us amherst.ny.us/firesafety

TENT FOR SPARKLING DEVICE SALES

The following items must be submitted in order to obtain a Fire Prevention Permit for a Tent permit to be use for the sale of sparkling devices:

(Additional information may be required.)

Incomplete Applications will not be processed until all items have been received. This includes payment for the permit applications. Completed "FIRE PREVENTION PERMIT" form Address is listed as per the Assessors Office Letter from property owner permitting use of tent for sales. Letter shall include hours and dates of event. Detailed site and floor plan for tent shall be provided, to include means of egress facilities, seating capacity, arrangement of the seating and/or tables and location and type of heating and electrical equipment. Means of egress for temporary tents and membrane structures shall be in accordance with IFC Sections 3103.12.1 through 3103.12.8. Membrane structures or tents shall have a permanently affixed label bearing the identification of size and fabric or material type. Certificate executed by an approved testing laboratory certifying that the tents and membrane structures and their appurtenances are composed of material meeting the flame propagation performance criteria of NFPA 701, and that such flame propagation performance criteria are effective for the period specified by the permit. An affidavit or affirmation shall be submitted to the fire code official and a copy retained on the premises on which the tent or air-supported structure is located. The affidavit shall attest to all of the following information relative to the flame propagation performance criteria of the fabric: 1. Names and address of the owners of the tent or air-supported structure. 2. Date the fabric was last treated with flame-retardant solution. 3. Trade name or kind of chemical used in treatment. 4. Name of person or firm treating the material. 5. Name of testing agency and test standard by which the fabric was tested. Fire apparatus access roads shall be provided in accordance with IFC Section 503. Parking spaces shall not be reduced below the required amount. Smoking shall not be permitted in tents or membrane structures. Approved "No Smoking" signs shall be conspicuously posted. Portable fire extinguishers shall be provided. Generators and other internal combustion power sources shall be separated from tents or membrane structures by not less than 20 feet and shall be isolated from contact with the public by fencing, enclosure or other approved means. Filing Fees **DUE UPON APPLICATION SUBMITTAL**: Fire Prevention Permit = \$100 (separate permit application required) / 1 Temporary Sign Permit = \$30/New Business (separate permit application required) / 2 Transient Business Permit = \$50 (separate permit application required). 1 Signs are limited to (1) sign no greater than 32 square feet. Sign shall be of a solid substrate. Banners, flags, streamers,

etc. are NOT allowed. If there are any specific questions about signage please call (716) 631-7096.

2 Sales not accessory to a merchant on premises will be administered through Chapter 148 of the Town Code which will

3 A variance may be required and will be determined after application is submitted. Please note this process could cause a

X:\Fire Safety\Forms\Handouts\Tent_SparklingDeviceSalesPacket.pdf

require a Peddler/Solicitor Permit.

30-60 day delay in issuing the permit.

NOTE:



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TENT PERMIT SUBMITTAL INFORMATION — SPARKLING DEVICES

Incomplete Tent Permit submittals will not be processed until all items listed below have been received.

This includes payment for the permit application.

Questions - Call (716) 631-7140 or email firesafety@amherst.ny.us

Fire Prevention Permit Fee = \$100.00

Address:				=	
Business Name:				-	
Contact name:				_	
Contact phone #:				_	
Tent Size:					
Event Date(s):					
Operation Hours:					
Date Tent Up:					
Date Tent Down:					
Sides: ☐ Yes ☐ No					
Tables: ☐ Yes ☐ No					
Chairs: ☐ Yes ☐ No					
# of Parking Spaces Being Used:					N/A
Flammability Certificate Submitted: 1	□ Yes		No		
Plot Plan Submitted (3 copies): 2	□ Yes		No		
Tent Layout Submitted: 3	□ Yes		No		
Generator being used: 4	□ Yes		No		
NOTE: • Flammability certificate will come from to owned.	ent rental co	ompan	y or ten	t vend	dor if individually
2 Satellite image with location noted is suf-	ficient for th	ne plot	plan <i>(d</i>	oes no	t need to be to scale)
3 Layout shall include tables, chairs, etc. Lo	ocation of E	xits sh	all be no	ted.	
4 Generator placement shall meet requires	ments of the	e Fire C	Code and	d the I	NFPA

Application for

TEMPORARY SIGN PERMIT

Date:	

Applicant Name (print)			PI	hone #
Applicant Signature:				
Business Name:				
Business Address:				
Application for a Temporary	Building Permit is	hereby ma	ıde to display a t	emporary sign:
(1) New business enterp	<u>rises</u> :	From	to	\$30.00 Fee
(2) <u>First Anniversary</u> of (30 days max.)	new business:	From	to	\$30.00 Fee
(3) Lost sign due to fire o	or other catastrophe:	From	to	\$30.00 Fee
(4) Replace sign during (30 days max.)	construction:	From	to	\$30.00 Fee
(5) Limited activities in c	connection with princip	al use or act	ivity on the premises	s:
For 7 days:		From	to	\$30.00 Fee
For 14 days (counted as 2	2 permits):	From	to	\$60.00 Fee
(6) Sign advertising pric (24 SF max. face area)	e of merchandise:	From	to	\$30.00 Fee
Sign Specifications:f	t. high, ft. k			Area sq. ft porary sign limited to 32 S.F. per face
Гуре:	Locat	. •		om front property line.
(ground, A-frame, other)			feet fr	om side property line.
lumination:		· · · · · · · · · · · · · · · · · · ·	ted type of lighting p	
Part 7-8-10-B "No more than two susiness on the premises. Temport 1, #2 & #" (amended 1/16/2007)"	orary signs shall not b	•	-	within any calendar year for any ments except as provided in Items
FOLLOWING TO BE FILLED IN B				
Authorization is (a)				
(b)	_ Granted and sub	-	_	
Copy:/Terr #				Permit #

Date of application:	

TOWN OF AMHERST PEDDLER, SOLICITOR, TRANSIENT BUSINESS AND MOBILE FOOD VEHICLE PERMIT APPLICATION

PERMIT/FEES:		
☐ PEDDLER/SOLICITOR – 90 DAYS:	\$50.00	
☐ TRANSIENT BUSINESS – 90 DAYS:	\$50.00	
☐ MOBILE FOOD VEHICLE – 1 YEAR:	\$400.00 (first vehic \$200.00 (each add	le); itional vehicle, and for every renewal
Applicant's Name:	 	
Street:		
City:		Zip:
Local Address (if different):		
Telephone: (home)	(cell)	
SS#:	Date of Birth:	
Height:Weight:	_Hair Color:	Eye Color:
Business Name:		
Business Address:		
Driver's License: (must present when sub	mitting application)	
State:Number	r:	Expiration:
If presenting a driver's license that is ou Background Check from each location v		
List any crimes AND violations resulting in (Failure to disclose may result in rejecti		
Explain the product/service to be peddled,		
New York State Sales Use Tax Number:		
Davs & Hours of Operation:		

Note: No peddling, soliciting or transient business activities shall be conducted before 9:00 AM or after 8:00 PM. No Mobile Food Vending before 9:00 AM or after 8:00 PM on residential property except for the following: when the truck and vending activities are not located within the required front yard the allowable hours are from 9:00 AM to 11:00 PM. Mobile food vending may be conducted between 7:00 AM and 11:00 PM on a non-residential property or in a right-of-way adjacent to a non-residential property.

THIS SECTION FOR TRANSIENT BUS	SINESS OR MOBILE	FOOD VEHICLE PERMITS ONLY:
Description of motor vehicle: Year	Make	State
Registration # (VIN):	Expiration:	Plate#:
Location of transient business or mobile	e food vehicle location	n:
 If your transient business or mobile must attach a written letter of conseincluding contact information (name If you are vending food products you Operating Permit before we can acc You must have your vehicle inspected Please call 716-631-7140 to scheduling 	nt from the property ow, address and phone not must supply a copy o ept this application. ed annually by the Tow	vner to this application, umber) of the owner of record. f your Health Department
Signature of Applicant (This signature indi	icates consent to havin	g a background check performed.)
Sworn to me ThisDay of		
Notary Public	S	tamp
Chief of Police (if required):	Approve	Disapprove
Signature		
Commissioner of Buildings (if required):	Approve	Disapprove
Signature		
Fire Inspector (if required):	Approve	Disapprove
Signature		
Town Clerk:	Approve	Disapprove
Signature		

 $\frac{\text{PLEASE NOTE:}}{\text{PERMIT BE PRODUCED UPON REQUEST. THERE ARE NO REFUNDS FOR APPLICATIONS THAT ARE DENIED.}$