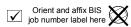


## PA1: Place of Assembly Must be typewritten. Indicate reason for filing:

☐ New Filing

☐ Change to	Owner/Lessee/Name	of Estab. ONLY
$\square$ Change to	Layouts/Use and any	other information



				•						
1	Location Information Require	ed for <b>all</b> applicat	ions.							
	House No(s)	Street Name								
	Borough	Block	Lot	BIN		C.B. No.				
	Zoning District(s)			Overlay(s)						
	Special Dist(s)			Zoning Map No.						
2	Applicant Information Requir	red for <b>all</b> applica	tions. Profession	ally certifying application?	Yes	No If	yes, co	mplete PC	C-1 form.	
-	Last Name		First Name Middle Initial							
	Business Name		Business Telephone							
	Business Address				Business Fax					
	City	State	Zip		Mobile	Telephone				
	E-Mail				Licer	nse Number			☐ P.E. ☐ R.A.	
3	Filing Representative Comple	ete if different fro	m section 2. Fax,	mobile phone, and e-mail a	re option	nal info.				
	Last Name		First Name		N	/liddle Initial				
	Business Name			E	Business Telephone					
	Business Address				Ві	usiness Fax				
	City	State	Zip		Mobile	Telephone				
	E-Mail	E-Mail Registration Number								
4	Place of Assembly Space Inf	formation Sub	mit comments usi	ng an Al-1 form (optional). *	Use 201	14 Code occ	upancy	designatio	ons <b>only</b> .	
	Specific Floor(s) of PA Space			<u> </u>		Occupancy Designation*	Cabaret	Number of Persons	Description Code	
	NB/A1 Job No. Establishing PA		<i>If Pre-BIS</i> , p	provide BIN:	Primary Plan	<b>Q</b>	□Yes □No			
	Prior PA No. (if applicable)		Irregular Floor N	Numbering?	Alt. 1 Plan		□Yes □No			
	Name of PA Establishment				Alt. 2 Plan		☐Yes ☐No			
5	Statements and Signatures of	of Applicant a	nd Owner PE/R	A not required for change to	owner/l	essee/name	e of esta	ablishment	only.	
	5 Statements and Signatures of Applicant and Owner PE/RA not required for change to owner/lessee/name of establishment only.  Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. Applicant: I prepared or supervised the preparation of the submittal documents herewith submitted and to the best of my knowledge and belief, the submittal documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations, except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. Owner: I have authorized the applicant to file this application for the work specified herein and all future amendments.									
	P.E. / R.A Name (print):			Owner Corporation	า	Partne			Agency	
	Signature	•	Date	type:		or Co-Op T	enant-S		r	
	P.E. / R.A. Seal (apply seal, then sign and date	,			-holder a	a non-profit	per 28-	112.1? 🗆 <b>`</b>	Yes □ No	
	Individual/Lessee Responsible for A	Annual Renewal o	f PA (if not owner)	Name (print):						
	Name (print):\	<del>/</del>		Relationship to Owne						
	Relationship to Owner: Business Name/Agency:			Business Name/Ager	ncy:					
	Street Address:			Street Address:						
	City:	State:	Zip:	City:			State:	Zip:		
	Telephone Number:	Fax:	<i>د</i> ا۲.	Telephone Number:			Fax:			
	E-Mail Address:	ι αλ.		E-Mail Address:						
	L-IVIAII AUUI €55.			Signature and Date I						