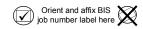


PA1: Place of Assembly Must be typewritten. Indicate reason for filling:

☐ New Filing

☐ Change to	Owner/Lessee/Name of Estab.	ONLY
Change to	Layoute/Lise and any other info	rmatic



1	Location Information	n Required for all application	ons.									
	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 Informatio	n Required for all applicat	tions. Professiona	ally certifying application?	Yes	No If	ves. co	mplete PO	C-1 form.			
	Last Name		First Name	. , ,	_	liddle Initial	•	,				
	Business Name			E	Business Telephone							
	Business Address				Business Fax							
	City	State	Zip		Mobile	Telephone						
	E-Mail				License Number P.E.							
3	3 Filing Representative Complete if different from section 2. Fax, mobile phone, and e-mail are optional info.											
	Last Name		First Name		Middle Initial							
	Business Name			E	Business Telephone							
	Business Address				Business Fax							
	City	State	Zip		Mobile	Telephone						
	E-Mail		Registration Number									
4	4 Place of Assembly Space Information Submit comments using an Al-1 form (optional). *Use 2014 Code occupancy designations only.											
	Specific Floor(s) of PA	Space				Occupancy Designation*	Cabaret	Number of Persons	Description Code			
	NB/A1 Job No. Establish	ning PA	<i>If Pre-BIS,</i> p	rovide BIN:	Primary Plan		□Yes □No					
	Prior PA No. (if app	Prior PA No. (if applicable) Irregular Floor Numbering?		Numbering? Yes No	Alt. 1 Plan		□Yes □No					
	Name of PA Establis	shment			Alt. 2 Plan		☐Yes ☐No					
5	Statements and Sign	natures of Applicant an	d Owner PE/R	A not required for change to	owner/le	essee/name	e of esta	ablishment	only.			
	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 type: Individual	1	Partne NYCH		C Othe	Agency er Govt.			
	Signature		Date	Condo Unit		or Co-Op To	enant-S	hareholde	r			
	P.E. / R.A. Seal (apply seal, then	- ·			l-holder a	a non-profit	per 28-	112.1? ⊔ ነ	Yes ⊔ No			
	Name (print):	sible for Annual Renewal o	TPA (If not owner)	Name (print):								
	Relationship to Owner:			Relationship to Owne								
	Business Name/Ag Susiness Name/Agency: Street Address:				ncy.							
	Street Address:	San Caralle Control of the Control o		City:			State:	Zip:				
	City:	State:	Zip:	Telephone Number:			Fax:	∠ ιρ.				
	Telephone Number:	Fax:		E-Mail Address:			ı ax.					
	E-Mail Address:			Signature and Date I	>							