

FIRE SAFETY INSPECTION RECORD

New Business

- LICENSE
- PERMIT
- COMPLAINT/REFERRAL
- EAST
- WEST
- SPECIAL

la

LOCATION: 363 East Avenue

The Common Wealth Pub Bar

2/20/15 S/E
Mary Valiquette Knight

Miles

PERSON CONTACTED:

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#:	OWNER NAME:	OWNER ADDRESS:	OWNER PHONE:	OK TO FILE	INSPECTOR
DATE								NOTES					
1/17/15			✓										
1/22/15													
2/19/15						✓						✓	<i>[Signature]</i>

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

	Y	N
		✓
		✓
	✓	
		✓
		✓
		✓
		✓
		✓
	162	
	3	
	4	
	99	

Permit#: _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION
[Signature]
Fire Marshal

rec'd by mail 12/18/14 (JK) Page 1 of 3

SE # 007059



CITY OF ROCHESTER - NEW BUSINESS PERMIT APPLICATION

Neighborhood and Business Development - 30 Church Street - 121B Rochester, NY 14614

All Sections of Pages 1 & 2 to be completed by Business Owner and/or Operator: *Denotes required information

355-365 EAST AVE.

*BUSINESS ADDRESS: 303 East Avenue 14604 Business Phone: 585-235-0040
(STREET) (ZIP)

*BUSINESS NAME: The Common Wealth Pub *Certificate of Authority # 40-2024304

Type of Business: Bar Hours of Operation: M-Closed
THURS-11AM-11PM
FRI/SAT/SUN-12P-2AM

APPLICABLE LICENSE INFORMATION:

Bars/Restaurants: Liquor License #: 3155255

Auto Uses: Provide NYS DMV License #'s: _____

Salon, Barber Shops, Tattoo Parlors, etc.: _____

Retail uses indicate which of the following items you sell

Beer/Wine Coolers Y or N _____ License Number _____ Lottery Y or N _____ License Number _____

Tobacco Y or N _____ License Number _____ Smoking Paraphernalia Y or N _____

*BUSINESS OWNER: Jeff Reddish Maiden Name _____ *Date of Birth: 1/10/67
(PICTURE ID REQUIRED)

*Home Address: (NO P O BOXES) 400 Landmark Dr Rochester, NY 14618

*Partner: Tom Masaschi *Date of Birth: 4/15/69

* DAILY BUSINESS OPERATOR: Jeff Reddish Maiden Name (if applicable) _____
(PICTURE ID REQUIRED)

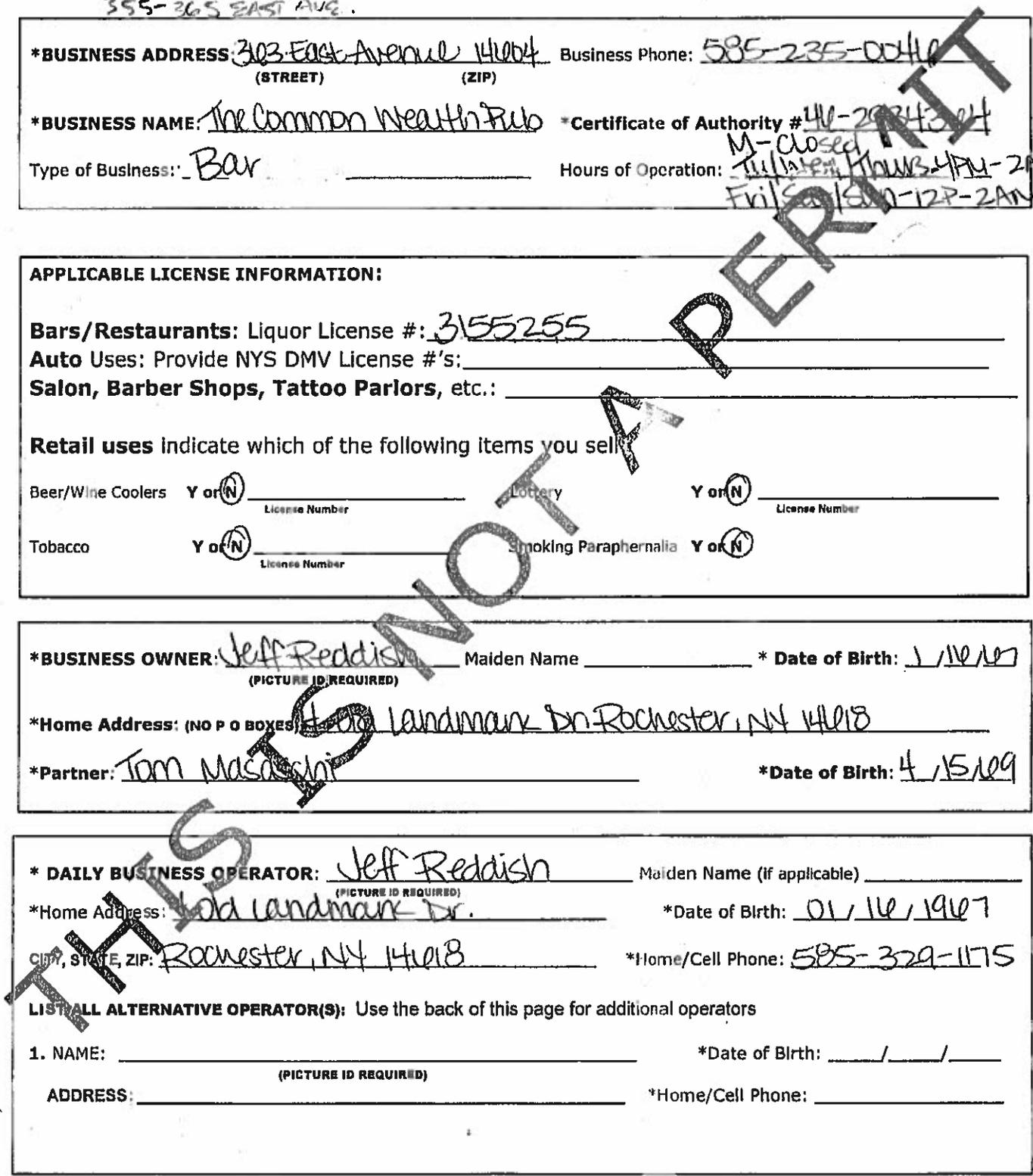
*Home Address: 400 Landmark Dr. *Date of Birth: 01/10/1967

CITY, STATE, ZIP: Rochester, NY 14618 *Home/Cell Phone: 585-329-1175

LIST ALL ALTERNATIVE OPERATOR(S): Use the back of this page for additional operators

1. NAME: _____ *Date of Birth: ____/____/____
(PICTURE ID REQUIRED)

ADDRESS: _____ *Home/Cell Phone: _____





PLEASE READ AND THEN INITIAL THAT YOU UNDERSTAND EACH OF THE FOLLOWING:

I understand that my business is still required to uphold all laws and ordinances of the City of Rochester.

JP
(INITIAL)

I understand that the applicant and/or operator shall maintain all licenses required for the operation of the business and shall notify the Neighborhood Service Center (NSC) of any change in said licenses.

JP
(INITIAL)

I have been informed of the applicable sign regulations and permit requirements for replacing or installing any new signage.

JP
(INITIAL)

I understand that the permit holder and/or their employees shall operate the business so that it is not the source of disruption or disorder in and around the area where the business is located.

JP
(INITIAL)

I understand the permit holder and/or their employees shall cooperate with any and all investigations relative to the business, including but not limited to, producing a valid ID upon request of any City employee.

JP
(INITIAL)

I understand that I will be required to meet with the Neighborhood Service Center staff to discuss the operation of the business and the City's expectations for being a good neighbor.

JP
(INITIAL)

I understand that Business Permits are not transferrable, must be renewed annually and that any change in the owner, operator or partner information requires that a new Business Permit be applied for. Furthermore, I understand that the applicant and/or operator shall immediately notify the (NSC) of any change involving the name, type, location or owner/operator of the business.

JP
(INITIAL)

I understand that upon renewal proof of payment of NYS sales tax will be required.

JP
(INITIAL)

NOT A PERMIT

***Do you currently or have you operated any other business in the City of Rochester which was required to obtain a Certificate of Use, Business Permit or any other license?** YES NO

If yes, please list:

Name of business: Jeremiah's Tavern

Address: 1104 Monroe Avenue

I understand that false statements made on this application may result in the denial or revocation of the Business Permit. I also understand completion and submission of the application does not constitute a valid permit and that operation of my business is not permitted until my application has been approved and a Business Permit has been issued.

***Business Operator Signature:** JP

Date: 3/7/14

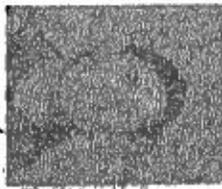


NEW YORK STATE

DRIVER LICENSE

ID: 708 968 434 CLASS D

REDDISH
JEFFREY A
4 20 D LAMB 4089008
JEFFERSONVILLE
DOB: 01-10-81
SEX: M EYES: BR HAIR: BR
E: NONE
R: B
ISSUED: 02-10-11 EXPIRES: 01-16-12 AMERICAN



JE

Szulgit Electric Inc.
2012 East Main Street
Rochester, NY 14609
585-224-9617

Fire Alarm Inspection And Test
Licensed by NYS Department of State #12000191968

2014?

Date Nov 20th Make HONEYWELL Model VISTA 128 BP
Customer: CAMPBELL WEALTH
363 EAST AVE

Quantity	Tested	Device	Status	Comments
1	X	Control Panel	P	
2	X	Rechargeable Batteries	P	
1	X	Smoke Detectors	P	
		Heat Detectors		
2	X	Manual Fire Pull Stations	P	
2	X	Fire Alarm Horn/Strobes	P	
2	X	Fire Alarm Strobe Lights	P	
		Duct Detectors		
		RTS Remote Test Switch		
		Magnetic Door Holders		
		Flow Switches		
		Tamper Switches		
4	X	WIRELESS SMOKE	P	
2	X	PHONE LINES	P	
1	X	POWER SUPPLY	P	
Comments:				

Technician: ERIC SZULGIT
Customer: [Signature]