



TOWN OF PAWLING
The Pride of the Harlem Valley
 Town Hall
 160 Charles Colman Blvd.
 Pawling, NY 12564
 (845) 855-3244

Building & Zoning Administrator
 Stormwater Management Officer

Everett White
ewhite@pawling.org

Mary Porcaro
buildingdepartment@pawling.org

JoAnne Daley
jdaley@pawling.org

SPECIAL EVENT APPLICATION

DATE: June 1, 2026

APPLICATIONS FOR SPECIAL EVENT PERMITS SHALL BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE EVENT.

1) Applicant(s) Name: Paramount Pictures

Address: 25 Washington Ave. Brooklyn, NY 11205

Phone: _____ Fax: _____

Cell: 516.695.3468

Email Address: chriswosfilm@gmail.com

Contact person who will be organizing the event

Name: Chris

Address: 25 Washington Ave. Brooklyn, NY 11205

Phone: 516.695.3468

Number to contact during the event:

Phone: 516.695.3468

2) Event Details

Event Name: Little Falls

Event Location: 35 Dodge Road, Pawling, NY 12564

A. Tax Map Designation: 134089 - 6957-00-830556-0000

B. Zoning District R3

C. Acreage 292.5

D. Intersecting Streets: Dodge Rd and Rebecca Dr

E. Restrictive Covenants or Easements affecting Premises: _____

Event Description: Film Shoot

Number of Events: 1 List Dates Below:

1. 7/21, 7/22 & 7/23 4. _____

2. _____ 5. _____

3. _____ 6. _____

Will an admission fee be charged: _____ (Yes) (No)

Is this event Handicap Accessible: (Yes) _____ (No)

Sales: NA None _____ Goods and Services (describe) NA

*Rehearsal: 3 days at some point between June 29 and July 10. (subject to change)

*Prep: 7/20: (Potential for 7/16, 7/17) (See LOI) (Exclusive use not necessary)

*Shoot: Tentatively scheduled for 7/21, 7/22 & 7/23

(Amount of days we can film depends on what is discerned we can accomplish once overgrowth remediation takes place.)

*Wrap: Friday, July 24 (Exclusive use not necessary)

Please attach a survey or sketch map/plan showing parking and event planning, including, without limitation, the assembly location, proposed location(s) for parking, outdoor areas proposed to be used, and the location of any tent(s) and stages, music & outdoor loudspeakers or PA system, food trucks, vendeds and additional sanitary facilities to this application.

3) Name and Address of Record Property Owner(s):

Town of Pawling
160 Charles Colman Blvd
Pawling, NY 12564
 Phone: 845.855.5040 Fax: _____
 Cell: _____ Email: _____

If Corporation, name and address:

 Phone: _____ Fax: _____
 Cell: _____ Email: _____

*If more than one Owner, or a Corporation, the names, addresses, phone numbers and email address of each owner, shareholder, or member of the corporation must be submitted on an accompanying document.

When the applicant is not the property owner, written consent of the actual property owner is required either by completing the owner consent section at the end of this application or by providing a notarized letter from the owner separately. Property owner consent will become part of the application and the application will not be deemed complete without such consent.

Property Owner: Applicant listed in section 1 is the property owner.

4) Sponsoring Organization: If there is a sponsoring organization, please answer the following questions. If not, please mark N/A and skip to the next question.

Applicant relationship to the sponsoring organization:
NA

Name of sponsoring organization:

Sponsoring organization telephone number: _____ Nonprofit: ___ Yes 501(c)___ No ___

5) Date, Time and Scope:

Date Mm/dd/yr	Start Time Include set up Indicate AM/PM	End Time Include shutdown Indicate AM/PM	Number of People Expected Include Workers, volunteers, staff, vendeds, security, etc.	Number of Vehicles Expected on Property	Number of Vehicles Expected on Street (Public or Private)
7/21/26 7/22/26 7/23/26	Approx 6:00AM	Approx 9:00PM	Approx 120	Approx 6 Tractor Trailers Approx 6 vans	Approx 9 Tractor Trailers Approx 2 food trucks Approx 4 box trucks Approx 100 cars

(subject to change)

Rehearsal: 3 days at some point between June 29 and July 10. (subject to change)	Approx 7:00AM	Approx 5:00PM	Approx 20	1 tractor Trailer 1 EMT approx 20 crew cars	
Prep: 7/20 (subject to change)	Approx 7:00AM	Approx 5:00PM	Approx 20	Approx 3 box trucks Approx 20 crew cars	*exclusive access not necessary
Wrap: 7/24 (subject to change)	Approx 7:00AM	Approx 5:00PM	Approx 20	Approx 3 box trucks Approx 20 crew cars	*exclusive access not necessary
Remediation of brush 5 days ASAP	Approx 7:00AM	Approx 5:00PM	Approx 10	Approx 3 landscaping trucks	

Please Note: If off-site parking is proposed, the location of such parking area(s) in the form of a survey or sketch map/plan AND the traffic management plan for the parking of vehicles and transportation of cars or guests to and from the assembly site MUST be attached to this application.

Expected maximum number of attendees: Approx 140

Please Note: Any event on property owned or controlled by the Town or any event where the anticipated attendance exceeds 1,000 people requires approval by resolution of a majority of the Town Board.

If an event was held the previous year, what was the number of attendees: _____

6) Alcohol to be served at the Special Event:

_____ Yes No

Name of person(s) who will be engaged in the preparation and/or sale of alcohol or beer:

Name: _____

Address: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

If more than one, add additional names on a separate sheet of paper and attach to the application.
Submission of a copy of the State Liquor Authority license or permit for the event is required.

7) Food Service:

Will food be served at the event?: _____ X Yes _____ No

Will the event have food trucks?: _____ X Yes _____ No

Name of person(s) who will be engaged in preparation, vendee, caterers and/or sale of food:

Name: Movie Kitchens LLC

Address: 553 Nazareth Dr.

Bath PA 18014

Phone: _____ Fax: _____

Cell: 917.548.3407 Email: wilson@allcrafty.com

If more than one, add additional names on a separate sheet of paper and attach to the application.
County Department of Health permits and/or vendee permits from the Town of Pawling, Town Clerks office must be attached to the application.

8) Security and Valet Information:

If security is to be provided, please provide the following information.

Name of Security, Valet Company or both if applicable:

Name: Moovie Mic

Address: _____

Phone: 347.956.0675 Email: mooviemic@gmail.com

Contact Person(s): Moovie Mic

Attach the security duties and/or valet plan to this application.

9) Tents: If a tent(s) is (are) proposed, the size and placement of the tent on the premises must be included in the sketch or survey map/plan attached to this application.

Yes, tent will be utilized at the proposed special event, and it is understood that in addition to this application, separate application to, and a site inspection for approval by the Building Department is required.

No, there will be no tents utilized at the proposed assembly/assemblies.

Proposed number and dimension of tents to be utilized:

Will propane tanks be used in the tents?: Yes No

10) Medical Emergencies: Please provide the medical and emergency plans, along with personnel to provide such services. Name and Address of Emergency Service Provider: _____

Please Note: Copies of any contract with an emergency service provider may be requested.

11) Fireworks:

Will Fireworks be used at the event?: Yes No

If yes, a separate firework's permit must be obtained from the Building Department.

12) Portable Toilets:

Will Portable Toilets be provided for the event?: Yes No

If yes, placement of the portable toilets must be included in the sketch or survey map/plan attached to the application.

Sanitation Facilities to be provided for the event?: Yes No

If yes, locations of all facilities must be included in the sketch or survey map/plan attached to the application.

13) Music: The issuance of a special event permit does NOT allow deviation from the Code of the Town of Pawling Chapter §215-35 established regulations for noise. Please select all options that are applicable to your event.

Yes, music will be provided in the following manner(s):

Indoor Outdoor Live Band DJ Other

Time, Duration and location(s) of Music: _____

_____ No, there will be no music provided at the proposed event/assemblies.

Outdoor loudspeaker or PA system?: Yes _____ No

If yes, provide a brief description: Potential for Megaphone

If yes, placement of the musician/bands/speakers, etc. must be included in the sketch or survey map/plan attached to the application.

14) Lighting: If additional outdoor lighting is proposed for the event, please complete the following:

Description of proposed outdoor lighting: Glowbugs, potential Light Towers. Standard movie production lighting

Location of proposed outdoor lighting: Near Set, base camp, truck parking and crew parking.
Add to sketch or survey map/plan if applicable.

15) Miscellaneous:

Every application for a special event permit pursuant to Code of the Town of Pawling, Chapter §215-44.2 shall include a certificate of insurance that evidence a general liability insurance policy and declaration page from the policy naming the Town of Pawling as additional insured with limits of \$2,000,000 per occurrence or such other limit as may be required by the Town Board for events where expected attendance exceeds 500 attendees.

By signing below, the owner(s) hereby certifies that to the best of his/her/their knowledge:

I have answered the foregoing questions to the best of my knowledge and belief and swear that the answers contained in this application are true and accurate.

If attendance is anticipated to exceed 125 people, written notification of this application has been sent to all neighbors required by Town Code Section 215-44.2-4 by certified mail, return receipt requested.

I understand that it is my responsibility to ensure that the patrons, licensees and/or invitees of the Special Event, or those engaged in conducting the same, do not trespass upon any adjoining property or premises.

I acknowledge that Chapter 215-44.2 of the Code of the Town of Pawling, entitled "Special Events" is the controlling legislation for the regulation of Special Events in the Town of Pawling, and that the issuance of a permit pursuant to this application requires compliance with all provisions and regulations within.

I further acknowledge that the issuance of a permit pursuant to this application is not a waiver for any activity prohibited by law, and as a condition of any permit issued, compliance with all provisions of the Code of the Town of Pawling, as well as applicable State and Federal Law is required. Further, by signing below, I hereby confirm that there are no restrictive covenants, easements or other restrictions preventing the use of the premises for the event proposed.

I hereby consent to the inspections of the premises by the Code Enforcement Officer and/or Fire Marshal, or other Enforcement Officer, upon request, for the purpose of ensuring that the terms and conditions of the permit are met.

I also hereby agree to indemnify and hold harmless the Town of Pawling, its officials, employees, agents, and other person from and against all claims, cost, judgements, liens, encumbrances, and expenses, including reasonable attorney fees arising out of the acts or omissions or negligence of the applicant, its agents, employees, or subcontractor, in connection with this application and any permit or gathering related to their application.

Randy Manion

Owner

Randy Manion
Randy Manion (Jun 3, 2026 11:08:43 EOT) *Randy Manion*

Owner

Cara DiMarco

Notary Cara DiMarco

CARA DIMARCO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DI0043869
Qualified in Nassau County
~~My Commission Expires 11-14-2029~~

Notary

Owner

Owner

Notary

Notary

This Page is for Office Use Only

Date: _____

Application #: _____

Application Fee: _____

Inspection Fee: _____

Check Box: One time event Six events in a three month period Other: # of events

Dates of Series of Events – List Below:

Reviewed and signed by Code Enforcement Officer Date

PENNSYLVANIA VEHICLE REGISTRATION

C31

PennDOT is proud to provide you with your new registration credential.

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is in use.

DID YOU CHANGE YOUR ADDRESS? - It is important that we have your current address, and the law requires that any changes be reported to PennDOT within 15 days. Please notify PennDOT of any address change by writing to: PennDOT, Bureau of Motor Vehicles, Harrisburg, PA 17104-2516. Please include the following information with your change of address request: your full street address (including P.O. box number, rural delivery, route number or apartment number, if applicable), city, state and zip code. Please remember P.O. box numbers may be used in addition to the actual address, but cannot be used as the only address. You may also change your address online at Online Services Center at WWW.DMV.PA.GOV.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

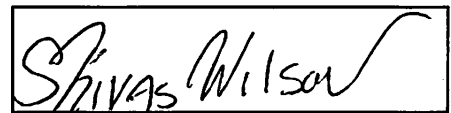
For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: JAN 31, 2027 VALID: 02/11/2026

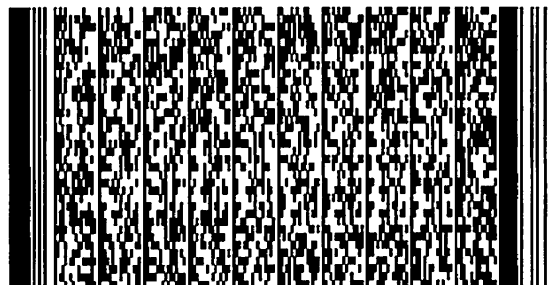
PLATE:	ZJT0430	REG. GROSS WT: 19500
TITLE:	76710195101 MO	
VIN:	1F65F5KY3G0A05341	UNLADEN WEIGHT: 08950
YR/MAKE:	2016 FORD	CLASS: 07
TYPE:	TK	
WID:	26042 2615 007210	



SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

MOVIE KITCHENS LLC
553 NAZARETH DR
BATH PA 18014



PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER **20087M** COMPANY **National Indemnity Company** COMMERCIAL PERSONAL

POLICY NUMBER **73APB010968** EFFECTIVE DATE **3/11/2026** NOT VALID MORE THAN ONE (1) YEAR FROM EFFECTIVE DATE

YEAR **2016** MAKE/MODEL **Ford F59** VEHICLE IDENTIFICATION NUMBER **1F65F5KY3G0A05341**

AGENCY/COMPANY ISSUING CARD
Trucordia Insurance Services, LLC

AGENCY/COMPANY TELEPHONE NUMBER
(717) 774-8128

INSURED
Movie Kitchens, LLC
553 Nazareth Drive

Nazareth PA 18064

SEE IMPORTANT NOTICE ON REVERSE SIDE

C31

System is Compliant with NJAC 5:70-3

System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



Banks Fire Protection LLC
 307 High Street
 Westville, NJ 08093
 609-947-9562 or 609-743-6666
 capt.billbanks@comcast.net

NJDFSP01467

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. NA	DATE 2/21/2026	HAZARD AREA PROTECTED Kitchen Hood	
SYSTEM MFG. Pyro Chem	SYSTEM CAPACITY 1.6 gallon	SYSTEM TYPE KKII	NUM OF CYLS 1
CONTACT Wilson Rivas		PHONE 917-548-3407	
ADDRESS 553 Nazareth Dr		CITY Nazareth	STATE ZIP PA 18064
AHJ / FIRE PROTECTION DISTRICT		INSPECTION TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>	

COMPANY
Movie Kitchens C31 ZJT 0430

ADDRESS
553 Nazareth Dr

AHJ / FIRE PROTECTION DISTRICT

CONTACT
Wilson Rivas

PHONE
917-548-3407

CITY
Nazareth

STATE ZIP
PA 18064

HAZARD AREA PROTECTED
Kitchen Hood

SYSTEM TYPE
KKII

NUM OF CYLS
1

CUSTOMER NUMBER
NA

INSPECTION TYPE
 INITIAL ANNUAL SEMI-ANNUAL

Initial Actions / Observations		System Functional Test	
	Y N NA		Y N NA
1 Last Serviced By? <u>BANKS FIRE PROTECTION LLC</u>		21 System disarmed per manufacturer's recommendations?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 Were building personnel notified of the inspection?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 Mechanical detection line tested and found to operate properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 Was the monitoring company notified?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	23 Proper number and placement of detectors/links?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 System found charged and functioning at time of technician's arrival?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 Did the system operate properly from activation of a manual pull station?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 System un-tampered with since last visit?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 Gas shut-off valve installed and working properly? (Note location)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 System found to be at proper pressure upon arrival?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	26 Replaced links with proper temperature rating?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Visually Check System		Cylinders and Agent	
7 Baffle-type filters installed in hood?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 at 450 Degrees _____ at _____ Degrees	
8 System [and appliance layout] appear unchanged since last service?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	_____ at _____ Degrees _____ at _____ Degrees	
9 Were the nozzle caps in place at time of arrival?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ at _____ Degrees _____ at _____ Degrees	
10 Visible piping and nozzles properly connected, braced, and free of damage?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 Is the manual reset for electric gas valves operational?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
11 Piping/conduit/cabling free from observable obstructions?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 Did all electrical appliances shut off upon system operation?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
12 Nozzle(s) inspected and found to be clear of obstructions?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 Did all gas appliances shut off upon system operation?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 Did the make-up air shut down?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
14 Nozzle(s) properly positioned over appliances?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 Did the alarm system activate when the system tripped?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32 Did control head(s)/cylinder releasing device(s) operate properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16 Is there a fan warning sign on hood?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33 Cylinder Pressure <u>225</u> psi	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17 Flow points/extinguishing agent within mfg's allowed maximums?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34 Hydrostatic test date of cylinder checked. Due: <u>2037</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hazard Inspection		35 Were all cylinders free of signs of external corrosion and/or damage?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18 Hazard configuration appeared to remained unchanged?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	36 Are all cylinders securely mounted?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19 Are all observable penetrations to the hood and duct sealed?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>60 grams</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NOTIFICATION OF DEFICIENCIES **CUSTOMER INITIALS:** _____

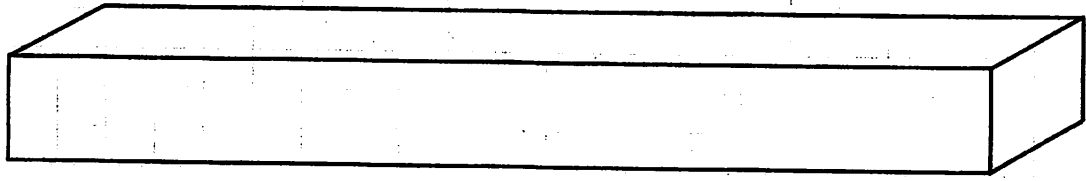
A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

917-
KITCHEN SYSTEM REPORT - PAGE 3

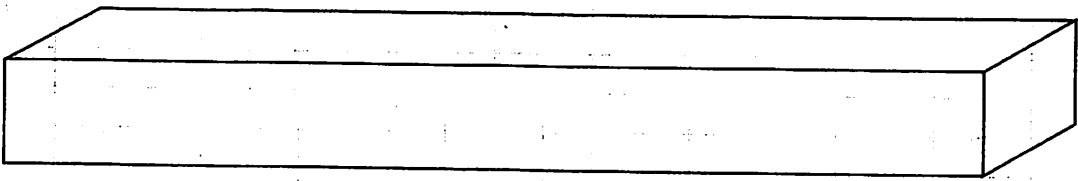
COMPANY Movie Kitchens	CONTACT Wilson Rivas	PHONE 917-548-3407	FAX NA
ADDRESS 553 Nazareth Dr	CITY Nazareth	STATE PA.	ZIP 18064
		CUSTOMER NUMBER NA	

Hood Size: 4'

Duct Quantity & Size : 1- 12" round



Label All Appliances



6BURNER

36"

Size _____

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes _____ No <u>x</u>	Gas Valve: Yes <u>x</u> No _____ Size: <u>3/4"</u>
Nozzle Quantity: Duct <u>1</u> Plenum <u>1</u> Appliance <u>2</u>	Gas Valve Style: Electrical _____ Mechanical <u>x</u>
Remote Pull: Yes <u>x</u> No _____ Location <u>by back door</u>	Gas Valve Location: <u>in cabinet</u> Type: Release / Pull _____

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

PENNSYLVANIA VEHICLE REGISTRATION

K12

PennDOT is proud to provide you with your new registration credential.

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is in use.

DID YOU CHANGE YOUR ADDRESS? - It is important that we have your current address, and the law requires that any changes be reported to PennDOT within 15 days. Please notify PennDOT of any address change by writing to: PennDOT, Bureau of Motor Vehicles, Harrisburg, PA 17104-2516. Please include the following information with your change of address request: your full street address (including P.O. box number, rural delivery, route number or apartment number, if applicable), city, state and zip code. Please remember P.O. box numbers may be used in addition to the actual address, but cannot be used as the only address. You may also change your address online at Online Services Center at WWW.DMV.PA.GOV.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

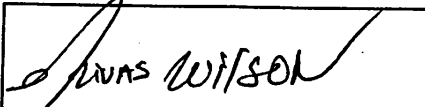
For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: FEB 28, 2027 VALID: 02/27/2026

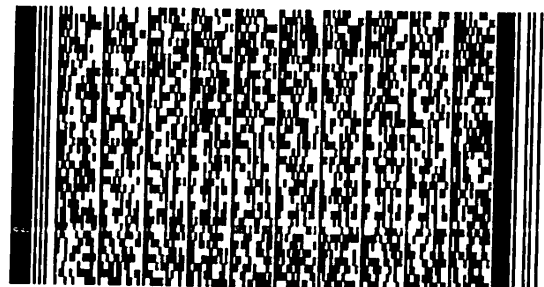
PLATE:	ZSV8152	REG. GROSS WT: 22000
TITLE:	84467737701 MO	
VIN:	1F66F5KN5L0A04714	UNLADEN WEIGHT: 06173
YR/MAKE:	2020 FORD	CLASS: 08
TYPE:	TK	
WID:	26058 2615 002410	



SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

MOVIE KITCHENS LLC
553 NAZARETH DR
BATH PA 18014



System is Compliant with NJAC 5:70-3

System is Non-Compliant

K12

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



Banks Fire Protection LLC
307 High Street
Westville, NJ 08093
NJDFSP01467 609-947-9562 or 609-743-6666
capt.billbanks@comcast.net

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. NA	DATE 2/21/2026	HAZARD AREA PROTECTED Kitchen Hood	
SYSTEM MFG. Pyro Chem	SYSTEM CAPACITY 4.6 gallon	SYSTEM TYPE KKII	NUM of CYLS 1

COMPANY Movie Kitchen K12 ZSV8152	CONTACT Wilson Rivas	PHONE 917-548-3407	FAX NA
ADDRESS 553 Nazareth Dr	CITY Nazareth	STATE PA	ZIP 18064
AHJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE <input type="checkbox"/> INITIAL ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL		

Initial Actions / Observations		System Functional Test	
	Y N N/A		Y N N/A
1 Last Serviced By? Banks Fire Protection		21 System disarmed per manufacturer's recommendations?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 Were building personnel notified of the inspection?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 Mechanical detection line tested and found to operate properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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4 System found charged and functioning at time of technician's arrival?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 Did the system operate properly from activation of a manual pull station?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 System un-tampered with since last visit?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 Gas shut-off valve installed and working properly? (Note location)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 System found to be at proper pressure upon arrival?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 Replaced links with proper temperature rating?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Visually Check System		3 links at 450 degrees	
7 Baffle-type filters installed in hood?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 Is the manual reset for electric gas valves operational?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
8 System [and appliance layout] appear unchanged since last service?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 Did all electrical appliances shut off upon system operation?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9 Were the nozzle caps in place at time of arrival?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 Did all gas appliances shut off upon system operation?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10 Visible piping and nozzles properly connected, braced, and free of damage?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 Did the make-up air shut down?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
11 Piping/conduit/cabing free from observable obstructions?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 Did the alarm system activate when the system tripped?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
12 Nozzle(s) inspected and found to be clear of obstructions?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32 Did control head(s)/cylinder releasing device(s) operate properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cylinders and Agent	
14 Nozzle(s) properly positioned over appliances?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33 Cylinder Pressure <u>225</u> psi	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34 Hydrostatic test date of cylinder checked. Due: <u>2034</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16 Is there a fan warning sign on hood?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35 Were all cylinders free of signs of external corrosion and/or damage?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17 Flow points/extinguishing agent within mfg's allowed maximums?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36 Are all cylinders securely mounted?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hazard Inspection		37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>60 grams</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18 Hazard configuration appeared to remained unchanged?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
19 Are all observable penetrations to the hood and duct sealed?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

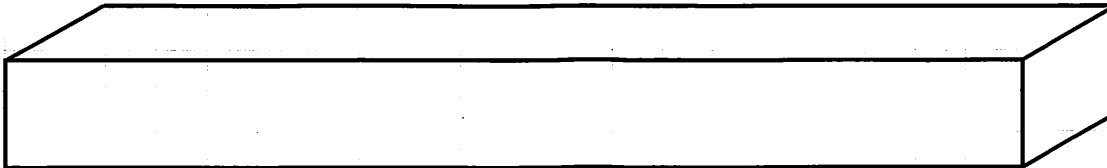
A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

KITCHEN SYSTEM REPORT - PAGE 3

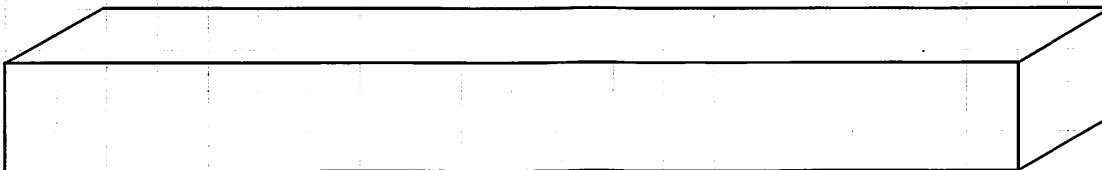
<small>COMPANY</small> Movie Kitchens	<small>CONTACT</small> Wilson Rivas	<small>PHONE</small> 917-548-3407	<small>FAX</small> NA
<small>ADDRESS</small> 553 Nazareth Dr	<small>CITY</small> Nazareth	<small>STATE</small> PA	<small>ZIP</small> 18064
		<small>CUSTOMER NUMBER</small> NA	

Hood Size: 11'

Duct Quantity & Size : 2- 12" round



Label All Appliances



6 BURNER / GRIDDLE / 6 BURNER

Size 36" 48" 36"

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes No

Nozzle Quantity: Duct 2 Plenum 2 Appliance 5

Remote Pull: Yes No Location By back exit

Gas Valve: Yes No Size : 3/4"

Gas Valve Style: Electrical Mechanical

Gas Valve Location: IN CABINET Type: Release

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION