

BUREAU OF FIRE PREVENTION

TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, N.J. 07004

Phone: 973-882-2735

FAX: 973-882-0365

BUSINESS REGISTRATION FORM

1. Name of business:

2. Street and address of business / Block and Lot:

Block and Lot: _____

3. Lists all buildings and their uses in detail on this property:

(all buildings must be listed separately)

Examples: Retail store - sell footwear and purses

Storage building - store tools, maint. equip. and supplies

A. _____

B. _____

C. _____

4. Name, address and phone # of building owner:(if different from above)

Phone: _____

5. Name, address and phone # of person who owns business: (applicant)

Phone: _____

6. Names and phone # of 3 people to contact in case of Emergency:

#1 _____

Phone: _____

#2 _____

Phone: _____

#3 _____

Phone: _____

7. Total Sq. Ft. Tenant is occupying and Total Sq. Ft. of Bldg.

I certify that all statements made by me in this registration form are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Affiant

Printed name of Affiant

Address of Affiant

LOCAL: _____ STATE: _____

DATE RECVD: _____