



JAMES GASPARINI
MAYOR

TOWNSHIP OF FAIRFIELD

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MUNICIPAL CLERK/VITAL STATISTICS

Home Based Business Registration Form

Ordinance #2000-07

1. Location of Business ~

Address: _____ Block: _____ Lot: _____

2. Name of Business: _____ Phone #: _____

3. Tenant Owner Name/If Incorporated: _____

4. Owner of Property: _____ Phone #: _____

- Address of Property Owner: _____

- City, State, Zip Code: _____

5. Zoning District: _____

6. Type of Business (in detail): _____

7. Do you comply with all provisions of Township of Fairfield Ordinance #2000-07?

8. Signature of Business Owner: _____

Type or print name: _____ Date: _____

Approval Required by Zoning Official ~

Signature: _____ Date: _____