

COLTS NECK TWP. FIRE PREVENTION BUREAU
3 VETERANS WAY - COLTS NECK, NJ 07722
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BUSINESS REGISTRATION FORM

NAME OF BUSINESS:

ADDRESS OF BUSINESS:

BUSINESS OWNER:

HOME MAILING ADDRESS:

BUSINESS PHONE # _____ CELL/HOME #

BUSINESS HOURS: _____ EMAIL:

EMERG. CONTACT NAME _____ EMERG. CONTACT #

TYPE OF BUSINESS: _____ SQUARE FOOTAGE OF SPACE:

BUILDING OWNER: _____ BLDG. OWNER #

BUILDING OWNER MAILING ADDRESS:

PROPERTY MANAGER: _____ PROP. MAN. #

PROPERTY MANAGER MAILING ADDRESS:

DO YOU KNOW IF THE BUILDING HAS OR WILL HAVE ANY OF THE FOLLOWING?

FIRE ALARM SYSTEM [] Y [] N

FIRE SPRINKLER SYSTEM [] Y [] N

GAS HEATING EQUIPMENT [] Y [] N
[] Y [] N

HAZARDOUS MATERIALS STORED ON-SITE [] Y [] N

***** FOR OFFICE USE ONLY BELOW*****

BUSINESS REGISTRATION # _____ DATE RECEIVED: _____ FEE:

LHU # _____ DATE PAID: _____ CHECK#
