

# NEPTUNE BUREAU OF FIRE PREVENTION

P.O. BOX 457, NEPTUNE, NJ, 07754-0457

## FIRE SAFETY REGISTRATION APPLICATION

PURSUANT TO ORDINANCE #1262 & 1555, TOWNSHIP OF NEPTUNE AND NJAC 5:70-1 ET SEQ.

EVERY PERSON OR BUSINESS THAT IS SENT A REGISTRATION APPLICATION MUST RETURN SAME WITHIN FIFTEEN (15) DAYS.  
**SUCH APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. FAILURE TO FILE SAID APPLICATION WILL RESULT IN  
A MONETARY PENALTY.**

### BUSINESS INFORMATION

Invoice # \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ FEE: \_\_\_\_\_

CHECK ONE: NAME CHANGE \_\_\_\_\_ NEW BUSINESS \_\_\_\_\_ ANNUAL RENEWAL X \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

BUSINESS OPERATOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OPERATOR'S HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

SQUARE FOOTAGE USED BY BUSINESS: \_\_\_\_\_

FIRE INSURANCE CARRIER: \_\_\_\_\_ POLICY AMOUNT: \_\_\_\_\_

### BUILDING OWNER INFORMATION

BUILDING OWNER: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE:

NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### EMERGENCY INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**THE ABOVE INFORMATION IS NECESSARY AND WILL BE USED IN THE CASE OF AN EMERGENCY BY THE FIRE OR POLICE DEPARTMENT TO CONTACT THE BUILDING OWNER/OPERATOR IMMEDIATELY.**

### FOR OFFICE USE ONLY

FP# \_\_\_\_\_ DATE: \_\_\_\_\_ DUE: \_\_\_\_\_