

GLASSBORO BUREAU OF FIRE PREVENTION

10 S POPLAR ST

GLASSBORO, NEW JERSEY 08028

PHONE: 856-881-5636 FAX: 856-307-0516

BUSINESS REGISTRATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

HOURS: _____

PHONE: () _____ - _____

BLOCK : _____ LOT: _____

TYPE OF BUSINESS:

Please list all buildings and their uses in detail listed at this property. All buildings must be listed separately. EXAMPLE: Retail store, selling footwear, purses ect...

EXAMPLE: Storage building(s), store stock, maintenance equipment, supplies, ect...

1. _____
2. _____
3. _____
4. _____

NAME AND ADDRESS OF BUSINESS OWNER(S), PLEASE LIST ALL EMERGENCY CONTACT INFORMATION FOR AFTER HOURS.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE : () _____ - _____ / CELL: () _____ - _____

EMAIL: _____ @ _____

NAME AND ADDRESS OF BUILDING OWNER (if different then above):

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE : () _____ - _____ / CELL: () _____ - _____

EMAIL: _____ @ _____

BUILDING HEIGHT:(in feet) _____

NUMBER OF STORIES: _____

GROSS SQUARE FOOTAGE OF EACH FLOOR: _____

YEAR BUILDING CONSTRUCTED:(if known) _____

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PHONE: 856-881-5636 FAX: 856-307-0516

EMAIL: pjohnson@glassboro.org

BUSINESS REGISTRATION FORM

PLEASE LIST THREE (3) AFTER HOURS EMERGENCY CONTACTS WITHIN A THIRTY-MINUTE RESPONSE TIME AND ACCESS TO ALL BUILDINGS LISTED.

NAME: _____

ADDRESS: _____

HOME PHONE: () _____ - _____ / CELL () _____ - _____

NAME: _____

ADDRESS: _____

HOME PHONE: () _____ - _____ / CELL () _____ - _____

NAME: _____

ADDRESS: _____

HOME PHONE: () _____ - _____ / CELL () _____ - _____

I certify that all statements made by me in the registration form are true. I am aware that willfully falsifying any information on this form shall subject me to a penalty from the Glassboro Bureau of Fire Prevention. This form must be returned within fifteen business days of receipt to avoid penalty.

Signature of Affiant

Print Name

Print Address

Date Given: ___ / ___ / ___

Inspector: _____

(Office use only)