

**Bureau of Fire Prevention
Fire District #2
Township of Old Bridge**
info@obfd2.com



**3098 Highway 516
Old Bridge, NJ 08857
Phone: 732-970-6542**

BUSINESS REGISTRATION FORM

Business Information

Business Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Phone Number: _____
Business Email: _____ Business Fax: _____
Block and Lot: _____

List all uses in detail for this business. (All buildings must be listed separately)

Examples: Retail store – sell footwear and clothing.

Storage building – store tools, maintenance equipment and office supplies.

1. _____
2. _____

Business Owner Information:

Name: _____
Address: _____
City, State & Zip: _____
Phone: _____ Cell: _____
Email: _____

Building Owner Information

Name: _____
Address: _____
City, State & Zip: _____
Phone: _____ Cell: _____
Email: _____

Property Manager Information:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____
Office Phone: _____ Cell: _____

Full Name and phone numbers of 3 people to contact in Case of an Emergency.

#1 _____
#2 _____
#3 _____

Business dimensions and square footage:

List any changes made to suite (construction / layouts).

Construction (if truss construction present, state Floor / Roof as well):

By signing this document, I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts will render the application void and be cause for penalties and possible other enforcement proceedings.

Signature of Affiant

Name

Date

Date Received: _____

Name: _____