

COLTS NECK TWP. FIRE PREVENTION BUREAU
124 CEDAR DRIVE - 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

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

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

BUSINESS REGISTRATION # _____ DATE RECEIVED: _____ FEE: _____

LHU # _____ DATE PAID: _____ CHECK# _____