



# Bureau of Fire Prevention District # 4

Jackson Township  
465 A North County Line Road  
Jackson NJ 08527  
Office (732) 928-7848 / Fax (732) 928-8220  
bureau@jacksonfiredist4.org



PLEASE COMPLETE THIS FORM IN DETAIL AND RETURN TO THE BUREAU OF FIRE PREVENTION WITHIN THIRTY (30) DAYS

## FIRE PREVENTION REGISTRATION FORM

NAME OF BUSINESS: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS OF BUSINESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ RENTED: \_\_\_ OWNED: \_\_\_ SIZE: L \_\_\_\_\_ W \_\_\_\_\_ = \_\_\_\_\_ SQ FT

BUSINESS OWNERS NAME: \_\_\_\_\_ FED TAX ID: \_\_\_\_\_

BUSINESS OWNERS ADDRESS: \_\_\_\_\_

BUSINESS OWNERS CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_ MOBILE PHONE #: \_\_\_\_\_

BUSINESS OWNERS EMAIL ADDRESS: \_\_\_\_\_

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**IF BUILDING IS RENTED:**

PROPERTY OWNERS NAME: \_\_\_\_\_ FED TAX ID: \_\_\_\_\_

PROPERTY OWNERS ADDRESS: \_\_\_\_\_

PROPERTY OWNERS CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROPERTY OWNERS PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

PROPERTY OWNERS EMAIL ADDRESS: \_\_\_\_\_

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**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS CONDUCTED AT THIS LOCATION: \_\_\_\_\_

HAZARDOUS MATERIALS? \_\_\_\_\_ (IF YES PROVIDE RIGHT TO KNOW FORMS)

OCCUPANCY LOAD: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

OTHER IMPORTANT INFORMATION: \_\_\_\_\_

\_\_\_\_\_