



WEST DEPTFORD TOWNSHIP
BUSINESS REGISTRATION APPLICATION
BUREAU OF FIRE PREVENTION

APPLICATION DATE:

APPLICANT INFORMATION

Business Name

Business Address

Contact Name

Phone Number

Emergency Phone Number (Cell)

Email Address

PROPERTY OWNER INFORMATION

Business Name

Business Address

Manager's Name

Business Phone Number

Manager's Phone Number

Email Address

BUILDING INFORMATION

Number of Stores

Type of Construction

SF of Leasable Space

Fire Alarm System

YES NO

Monitoring Company Name

Monitoring Company Phone Number

Basement?

YES NO

Fire Alarm Company Name

Fire Alarm Company Phone Number

EMERGENCY CONTACT

Emergency Contact Name

Emergency Phone Number (Cell)

Emergency Email Address

CERTIFICATION

I hereby certify that all statements and information on this registration is true and accurate.

Applicant's Signature

Print Name & Title

Date

OFFICIAL USE ONLY

DO NOT WRITE BELOW THIS LINE

Registration #:

Signature (Received)

Received Date:

John Austin, Fire Marshal