

REGISTRATION #:

BLOCK: _____

LOT: _____

CITY OF BRIGANTINE

BUREAU OF FIRE PREVENTION

NON-LIFE HAZARD REGISTRATION

- 1. BUSINESS NAME: _____
- 2. BUSINESS ADDRESS: _____
- 3. BUSINESS OWNER'S NAME: _____
- 4. BUSINESS OWNER'S ADDRESS: _____
- 5. TOWN/STATE/ZIP: _____
- 6. TELEPHONE NUMBERS: DAY: () _____ EVENING: () _____
- 7. NAME OF AUTHORIZED AGENT FOR ACCEPTANCE OF MAIL, ACTIONS, ORDERS OR NOTICES: _____
- 8. AGENT'S ADDRESS: _____
- 9. TOWN/STATE/ZIP: _____
- 10. TELEPHONE NUMBERS: DAY: () _____ EVENING: () _____

IF A CORPORATION, SET FORTH: NAMES AND RESIDENTIAL ADDRESS OF EACH OFFICER, DIRECTOR AND STOCKHOLDER HOLDING MORE THAN 10 PERCENT OF THE STOCK.
(Stockholders information is not required for a publicly traded corporation).

- 11. NAME & TITLE: _____
- 12. ADDRESS: _____
- 13. NAME & TITLE: _____
- 14. ADDRESS: _____
- 15. NAME & TITLE: _____
- 16. ADDRESS: _____

IF MORE SPACE IS REQUIRED, ATTACH ADDITIONAL SIGNED, DATED SHEETS IDENTIFYING THE CATEGORY OF INFORMATION.

IF A PARTNERSHIP, SET FORTH:

- 17. NAME OF GENERAL PARTNER: _____
- 18. ADDRESS OF PARTNER: _____
- 19. NAME OF GENERAL PARTNER: _____
- 20. ADDRESS OF PARTNER: _____
- 21. NAME OF GENERAL PARTNER: _____
- 22. ADDRESS OF PARTNER: _____

PROPERTY OWNER INFORMATION:

- 23. NAME OF PROPERTY OWNER: _____
- 24. ADDRESS OF PROPERTY OWNER: _____
- 25. TOWN/STATE/ZIP: _____

NAME, ADDRESS PHYSICAL LOCATION AND TELEPHONE NUMBER OF THE PERSON RESPONSIBLE FOR MAINTENANCE OF THE PREMISES.

- 26. NAME: _____ PHONE NUMBER: _____
- 27. ADDRESS: _____

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

UPON COMPLETION, RETURN THIS FORM TO: CITY OF BRIGANTINE
BUREAU OF FIRE PREVENTION
1417 WEST BRIGANTINE AVENUE
BRIGANTINE, NJ 08203

ANY QUESTIONS, PLEASE CALL (609) 266-3102 BETWEEN THE HOURS OF 8:00 AM & 4:30 PM MONDAY THROUGH FRIDAY.