

*HAZLET TOWNSHIP BUREAU OF FIRE PREVENTION*  
*1766 UNION AVE. HAZLET NJ 07730*  
*PHONE 732- 264-1700 EXT 8665 email mpowers@hazletwp.org*

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**COMMERCIAL APPLICATION FOR FIRE PREVENTION REGISTRATION**

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PLEASE PRINT

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Start Date of Business \_\_\_\_\_

Business Owner \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Building Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

(OTHER THAN BUSINESS NUMBER)

If you have any other billing or mailing address please provide.

\_\_\_\_\_  
\_\_\_\_\_

Square Footage \_\_\_\_\_ Fee: \_\_\_\_\_

Are you using the Knox Box      YES \_\_\_\_\_ NO \_\_\_\_\_

Signautre \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO THE BUREAU OF FIRE PREVENTION**