



VINELAND

FIRE PREVENTION BUREAU

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
FIREPREVENTION@VINELANDCITY.ORG

MICHAEL A CIFALOGGIO
FIRE MARSHAL

(856) 794-4000
EXT. 4747

BUSINESS REGISTRATION FORM

1. Name of business and operation

2. Street and address of business / Block and Lot

Vineland, New Jersey 08360

Block and Lot:

List Mailing address if different:

3. List all businesses that you operate at this location and describe them in detail (all businesses must be listed separately). Also list the total square footage of each business.

Examples: Retail store - sell footwear and purses - 20,000 sq. ft.
Storage building - store tools and maint. equip. - 14,000 sq.

A. _____

B. _____

C. _____

4. Name, address and phone number of person who owns business (applicant)

Phone: _____



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5. Name, address and phone number of building owner (if different from above)

Phone: _____

6. Name, address and phone number of person(s) responsible for maintenance.

Phone: _____

7. Names and phone numbers of 3 people to contact in case of Emergency.

#1 _____
Phone: _____
#2 _____
Phone: _____
#3 _____
Phone: _____

8. Number of stories

9. Building dimensions and floor area(s). (feet)

Sq. Ft.: _____ Length: _____ Width: _____ Height: _____

10. Construction (if truss construction present, state Floor/Roof too).

I certify that all statements made by me in this registration form are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Applicant

Printed name of Applicant

Address of Applicant

LOCAL: _____ STATE: _____ DATE RECVD: _____

NAME: _____