



MICHAEL CIFALOGGIO
FIRE MARSHAL

(856) 794-4000
EXT. 4747

BUSINESS REGISTRATION FORM

1. Name of business and operation

Phone:

2. Street address of business

Block and Lot

Federal tax ID # _____ Form of business () Corporation () LLC () other _____

List mailing address if different:

3. List all business that you operate at this location and them in detail (all business must be listed separately). List square Footage of each business.

Examples: Retail store – sell footwear and clothing – 20,000 sq. ft.

Storage building – store tools and maint. equipment – 14,000 sq. ft.

A. _____

B. _____

C. _____

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

Phone: _____ Email: _____



VINELAND

FIRE PREVENTION BUREAU

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

5. Name, address and phone number of person who owns the building (if different than above)

Phone: _____ Email: _____

6. Name and phone number of 3 people to contact in case of **Emergency**

1. _____

Phone _____

2. _____

Phone: _____

3. _____

Phone: _____

7. Number of stories

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

Sq. Ft. : _____ Length: _____ Width: _____ height: _____

9. Construction (if truss construction present, state Floor, Roof and or both)

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

Print name of applicant

Address of applicant

Official Use only

Local: _____ State: _____ Date received _____

Inspector: _____ Use codes(s) _____

Note: _____
