



Dennis Township Fire Prevention
571 Petersburg Rd.
PO Box 204
Dennisville, NJ 08214
609-861-9700 ext.237

COMMERCIAL REGISTRATION APPLICATION

Property Location: _____

Business and Tenant information

Business Name: _____

Business or Premises phone: _____

Business address: _____

Business email: _____

Description of Use: _____

Tenant Name (if different than above): _____

Tenant address (if different than above): _____

Tenant phone (if different than above): _____

Email: _____

Building Owner information

Building owner name: _____

Building owner address: _____

Building owner phone: _____ Email: _____

Building square footage (if known): _____

Fire Suppression System: _____

Alarm Company Name: _____

Alarm Company Phone: _____ Email: _____

Emergency Contact #1: Name: _____
Phone: _____

Emergency Contact #2: Name: _____
Phone: _____

Property Manager (if applicable): Name: _____
Phone: _____
Email: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Block _____ Lot(s) _____

Local registration number _____

State registration number _____

Amount paid: _____ Payment date: _____

Cash Check (# _____) Credit/debit card (circle one)

Date inspected: _____

Notes: _____

