

YOU MUST COMPLETE THIS FORM OR IT WILL BE DEEMED INCOMPLETE

TOWNSHIP OF EWING

Business Name: _____

OFFICE OF THE FIRE MARSHAL

Address: _____

Telephone: _____ BLK _____ LOT _____

EMAIL ADDRESS: _____

OWNERSHIP INFORMATION

1. Name of Business Owner: _____
2. Address of Business Owner: _____

3. Phone # of Business Owner: _____
4. Name of Property Owner: _____
5. Address of Property Owner: _____

6. Phone # of Property Owner: _____
7. Officers of Business: (If Applicable) _____

NAME

ADDRESS

BUSINESS INFORMATION

1. Type of Business: _____
 2. Fire Insurance Carrier: _____
 3. Policy Number: _____ Policy Amount: _____
 4. Number of Employees: Full Time: _____ Part Time: _____
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EMERGENCY INFORMATION

Name: _____ Phone # _____

Name: _____ Phone # _____

I hereby certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge, and are made in good faith.

Name

Signature

Date

FOR OFFICE USE ONLY

CASH _____ Check # _____ Credit Card _____ Total Amount _____

Date: _____ Received by: _____