



TOWNSHIP OF PARPIPPANY- TROY HILLS

DIVISION OF FIRE PREVENTION

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PREVENTION THROUGH EDUCATION

Business Registration Form

Business Name: _____

Business Address: _____

Main Business Phone Number: _____ Business Fax Number: _____

Billing Address: _____

Billing Address City, State, Zip Code: _____

Business Owner: _____

Business Owner Phone Number 1: _____

Cell Home Work

Business Owner Phone Number 2: _____

Cell Home Work

Business Owner Email: _____

Agent / Responsible Person (If Different from Owner): _____

Agent / Responsible Person Phone Number 1: _____

Cell Home Work

Agent / Responsible Person Phone Number 2: _____

Cell Home Work

Agent / Responsible Person Email: _____

Emergency Contact 1 Name: _____

Emergency Contact 1 Cell Phone Number: _____

Emergency Contact 2 Name: _____

Emergency Contact 2 Cell Phone Number: _____

Emergency Contact 3 Name: _____

Emergency Contact 3 Cell Phone Number: _____

Business Information

Number of floors occupied by business: _____

Business Square footage per floor: _____

Total Business Square footage: _____

Cooking on Premises? Yes No

Hazardous Materials Stored on Site? Yes No

If Yes to Hazardous Materials, please list and attach all SDS:

Hours of Operation: _____

Fire Alarm Present? Yes No

Sprinkler Present? Yes No

Kitchen Suppression? Yes No

Business Description: