



INCORPORATED VILLAGE OF PORT JEFFERSON

DIVISION OF FIRE PREVENTION
88 North Country Road, Port Jefferson, NY 11777
Telephone: (631) 473-4744 Fax: (631) 473-2049

CERTIFICATE OF BUSINESS REGISTRATION

PLEASE TYPE OR PRINT CLEARLY

| | |
|---|---|
| 1. Section Block Lot | Business Name: (NOT Corporation or Owner's Name) |
| 2. Business Address (Local Address NOT Corporate or Owner's Address) | |
| 3. Business Phone Number | 4. Type of Business (Restaurant, Garage, Lumber Yard, Motel etc.) |
| 5. Are any Hazardous Materials stored or utilized at this premises? _____ Yes _____ No | |
| 6. If yes, additional information will be required. Fire Marshal will specify same. | |
| 7. Name and Phone Number of Emergency Contact Person (AFTER REGULAR HOURS) | 8. Telephone |
| 9. Name and Phone Number of Alternate to Above | 10. Telephone |

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| 11. Business Owner's Name (Individual, Partnership Name, Corporation Name) | |
| 12. Owner's Address | 13. Telephone |
| If Partnership, list TWO partners; indicate title. If Corporation, list TWO officers; indicate title. | |
| 14. Title (Partner, President, etc.) | 15. Name |
| 16. Home Address | 17. Telephone |
| 18. Title (Partner, Vice-President, etc.) | 19. Name |
| 20. Home Address | 21. Telephone |

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|---------------------------------------|----------|
| 22. Building Owner's Name | |
| 23. Building Owner's Address | |
| 24. Building Owner's Telephone Number | |
| 25. Form Completed By: | 26. Date |