

The Borough of Highland Park
Department of Code Enforcement
Business Registration and Emergency Information Sheet

Date: _____

This form is to be completed by the owner, or their representative, of the **Business Use**

Business Information

Business Name: _____

Business Address: _____

Business Phone: _____

Floor Area of Use or Business: _____ Square Feet

Occupancy Capacity as Determined by a Local Enforcing Agency: _____

(If occupancy has not been determined, write N/A for 'not applicable')

Business Owner Information

Business Owner 's Name: _____

Business Owner's Address: _____

Business Owner's Home Phone: _____ At least one phone number

Cell Phone / Pager: _____ must be 24 hour accessible

Building Owner Information

Building Owner 's Name: _____

Building Owner's Address: _____

Building Owner's Home Phone: _____ At least one phone number

Cell Phone / Pager: _____ must be 24 hour accessible

Emergency Contacts

An emergency contact must possess a key to the business. An emergency contact cannot be the listed owner of the business. This person will only be contacted if we cannot reach the owner of the business or building. Please list at least one emergency contact.

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Business Owner or Representative

Date

Please return to:

The Borough of Highland Park
Department of Code Enforcement
221 South 5th Avenue
Highland Park NJ 08904
www.hpboro.com
FAX: 732 777-6017

Office Use Only

Registration No.: _____	Month of _____
Class: _____	Inspection: _____

Business Name:

Address: