

----- **Part B – Business Location Information** -----
(Physical location and name of the business)

5. **Name of Building or Business:** _____

Building Location: _____
(Number and Street)

Suite or Room Number: _____ Municipality: _____ County: _____

6. _____
Block Number Lot Number Municipal Tax Account Number

7. _____
Height of Building (in feet) Number of Stories Square Footage Occupant Load

----- **Part C – Certification** -----

8. **I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made me are willfully false, I am subject to punishment.**

Signature of Owner or Agent Completing This Form Date

Printed Name of Owner or Agent Completing this Form Title

Street Address of Owner or Agent Completing This Form

City State Zip Code

Telephone Number of Owner or Agent Completing This Form: (_____) _____

----- **Part D – Property Owner** -----
(If different from Business Owner)

9. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Please save this form and email to: FMitchell@berkeleytownship.org