

## BOROUGH OF CHESTER 50 NORTH RD. CHESTER NJ 07930

Name of Business:
Name of Tenant:
Address of Business:
Block: Lot:
Telephone Number:
Business Owner's Home Address:
Type of Business:
Owner's Email:
Signature: Date:
Name of Landlord:
Address of Landlord:
Telephone Number:
Email:
Any hazardous materials on the premises?
Yes: No:
If yes, explain:
OFFICE USE ONLY
Sent to Mount Olive Fire Marshal on:

Signature: \_\_