

BRISTOL TOWNSHIP

Office of the Fire Marshal

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

Business Establishment Form

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS OF BUSINESS: _____

PHONE: _____ - _____ - _____ FAX: _____ - _____ - _____

E-MAIL ADDRESS _____

FEDERAL ID NUMBER: _____ STATE ID NUMBER: _____

INTENDED USE OF PROPERTY: _____

OWNER'S NAME: _____ HOME PHONE: _____ - _____ - _____

HOME ADDRESS: _____

MANAGERS NAME: _____ PHONE: _____ - _____ - _____

HOURS OF OPERATION: _____ NUMBER OF EMPLOYEES _____

INSURANCE COMPANY NAME: _____

INSURANCE COMPANY ADDRESS _____ PHONE # _____

TYPE OF INSURANCE _____

POLICY NUMBER: _____ EFFECTIVE DATE OF POLICY: _____

EMERGENCY INFORMATION (Place In Priority Order)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ALARM COMPANY: _____

PHONE NUMBER: _____

RESTAURANT LIQUOR LICENSE # _____ SERIAL # _____

BOARD OF HEALTH NUMBER: _____

PROPERTY OWNERS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____