

# 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: \_\_\_\_\_