



NEPTUNE FIRE PREVENTION BUREAU



1120 CORLIES AVE
NEPTUNE, NJ 07753
(732) 988-8510

Christopher Tuberion
FIRE OFFICIAL

FAX (732) 988-8774 Email: info@neptunefiredistrict1.org

Date:

Dear Sir/Madam,

Be advised that a year has passed since your last Fire Safety Registration. In accordance with Ordinances #1262 and #1555, Township of Neptune, and N.J.A.C. 5:70-1, et seq, you must register your business annually. The Ordinance was updated in 2025 to increase the Annual Fees. Therefore, please complete and return the enclosed application, with the appropriate fee, as indicated on the registration application, within fifteen (15) days or no later than 4:00 PM, _____. Take notice that **everyone sent this notice must complete and return same**, regardless of whether your business is registered through the State of New Jersey or the local enforcing agency.

Failure to comply with the above order will result in a monetary penalty being assessed against you.

Please return all registration applications and payments to:

Mailing/ Physical Address:

Neptune Fire Prevention
1120 Corlies Ave
Neptune, NJ 07753

Make checks payable to:

Neptune Fire Prevention

Be further advised that you are required to notify this Office of all changes that may occur during the course of the year.

All inquiries should be directed to this Bureau.

Yours in Fire Safety,

Christopher Tuberion, Fire Official



NEPTUNE BUREAU OF FIRE PREVENTION

1120 CORLIES AVE, NEPTUNE, NJ, 07753

FIRE SAFETY REGISTRATION APPLICATION

PURSUANT TO ORDINANCE #1262 & 1555, TOWNSHIP OF NEPTUNE AND NJAC 5:70-1 ET SEQ.

EVERY PERSON OR BUSINESS THAT IS SENT A REGISTRATION APPLICATION MUST RETURN SAME WITHIN FIFTEEN (15) DAYS.

SUCH APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. FAILURE TO FILE SAID APPLICATION WILL RESULT IN A MONETARY PENALTY.

BUSINESS INFORMATION

Invoice # _____

BLOCK: _____ LOT: _____

BUSINESS NAME: _____ FEE: _____

CHECK ONE: NAME CHANGE _____ NEW BUSINESS _____ ANNUAL RENEWAL X

BUSINESS ADDRESS: _____ PHONE: _____

MAILING ADDRESS: _____

BUSINESS OPERATOR'S NAME: _____ PHONE: _____

OPERATOR'S HOME ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

SQUARE FOOTAGE USED BY BUSINESS: _____

FIRE INSURANCE CARRIER: _____ POLICY AMOUNT: _____

BUILDING OWNER INFORMATION

BUILDING OWNER: _____

OWNER ADDRESS: _____

CITY, STATE, ZIP: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE:

NAME (PRINT): _____ DATE: _____

SIGNATURE: _____

EMERGENCY INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

THE ABOVE INFORMATION IS NECESSARY AND WILL BE USED IN THE CASE OF AN EMERGENCY BY THE FIRE OR POLICE DEPARTMENT TO CONTACT THE BUILDING OWNER/OPERATOR IMMEDIATELY.

FOR OFFICE USE ONLY

FP# _____ DATE: _____ DUE: _____