INCORPORATED VILLAGE OF PORT JEFFERSON
Building & Planning Department
88 North Country Road, Port Jefferson, NY 11777
Ph: (631) 473-4744 Fax: (631) 473-2049

CERTIFICATE OF BUSINESS REGISTRATION

FEE $25.00

1. Business Name: (NOT Corporation or Owner's Name)	
2. Business Address (Local Address NOT Corporate or Owner's Address)	Tax Map No.
3. Business Phone Number	4. Type of Business (Restaurant, Garage, Lumber Yard, Motel etc.)
5. Are any **Hazardous Materials** stored or utilized at this premises? _____ Yes _____ No	
6. If yes to no.5 please list materials: A.	B.
C. D.	Fire Marshal will specify same.
7. Name and Phone Number of Emergency Contact Person (AFTER REGULAR HOURS)	8. Telephone
9. Name and Phone Number of Alternate to Above	10. Telephone

11. Business Owner's Name (Individual, Partnership Name, Corporation Name)		
12. Owner's Mailing Address	13. Owner's Email	14. Telephone
If Partnership, list TWO partners; indicate title. If Corporation, list TWO officers; indicate title.		
15. Title (Partner, President, etc.)	16. Name	
17. Home Address		18. Telephone
19. Title (Partner, Vice-President, etc.)	20. Name	
21. Home Address		22. Telephone

23. Building Owner's Name
24. Building Owner's Address
25. Building Owner's Telephone Number
26. Form Completed By: 27. Date

Inspected & Approved By: _____ **DATE**_____