



# Borough of Riverton

Borough Hall  
505A Howard Street  
Riverton, NJ 08077  
856-829-0120  
FAX 856-829-1413

## BUSINESS REGISTRATION FORM

**The State of New Jersey has passed a law requiring all businesses to provide a copy of their liability insurance for negligent acts and omissions in the amount of no less than \$500,000.00 and to provide a copy of said insurance to the municipality in which they operate their business. This insurance certificate must be provided with your renewal payment.**

**Insurance Information attached:**  **Annual Fee \$10.00:**

|                            |  |
|----------------------------|--|
| <b>CONTACT INFORMATION</b> |  |
| BUSINESS NAME:             |  |
| CONTACT NAME:              |  |
| PHONE NUMBER:              |  |
| EMAIL ADDRESS:             |  |
| BUSINESS ADDRESS:          |  |
| MAILING ADDRESS:           |  |

### Business Information

|             |            |             |              |            |
|-------------|------------|-------------|--------------|------------|
| Circle one: | Individual | Corporation | Partnership  | Home-Based |
| Circle One: | Wholesale  | Retail      | Professional | Other:     |

### General Description of Business:

|                            |            |            |  |
|----------------------------|------------|------------|--|
| Federal or Tax ID #        |            |            |  |
| Knox Box Location          |            |            |  |
| Approximate # of Employees | Full-Time: | Part-Time: |  |

**Does your business use, buy, sell or in any way deal with any materials considered hazardous, toxic, or requiring of special handling or care by any governmental agency:**

**YES or NO**

**If YES is circled, please provide an explanation:**

**I hereby certify that this information is true and correct to the best of my knowledge.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# RIVERTON POLICE DEPARTMENT

## Alarm Registration (Business & Residential)

| Resident / Business Name | Address | Town | Zip | Telephone |
|--------------------------|---------|------|-----|-----------|
|                          |         |      |     |           |

### Emergency Contacts

|   | Name | Address | Phone # | Cell Phone/Other |
|---|------|---------|---------|------------------|
| 1 |      |         |         |                  |
| 2 |      |         |         |                  |
| 3 |      |         |         |                  |
| 4 |      |         |         |                  |
| 5 |      |         |         |                  |

### Alarm Information

| Alarm Type | Alarm Company Name | Address | Phone Number |
|------------|--------------------|---------|--------------|
| Fire       |                    |         |              |
| Burglary   |                    |         |              |

### Business Information

|                         |  |              |                   |
|-------------------------|--|--------------|-------------------|
| Manager's Name          |  | Home Address | Home / Cell Phone |
| Asst. Manager's Name    |  | Home Address | Home / Cell Phone |
| Asst. Manager's Name    |  | Home Address | Home / Cell Phone |
| Regional Manager's Name |  | Home Address | Home / Cell Phone |
| District Manager's Name |  | Home Address | Home / Cell Phone |

### Corporate Office

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |