

To all facility Licensees:

To better serve and communicate with you in weather and other emergencies, we are requiring the completion and return of the following for as part of the licensing of your establishment: Thank you.

For your convenience, this form can be sent via fax to 732-855-0944 , mail or by e-mail to [healthenv@twp.woodbridge.nj.us](mailto:healthenv@twp.woodbridge.nj.us)

**Establishment Information**

Name of Establishment: \_\_\_\_\_  
Address (street): \_\_\_\_\_  
Town and Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Store's Email Address: \_\_\_\_\_

**Owner Information**

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town and Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

**General Manager Contact Information**

Contact Name: \_\_\_\_\_  
Contact Cell Phone Number: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

**Emergency Contact Information**

Contact Name: \_\_\_\_\_  
Contact Cell Phone Number: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

Date: \_\_\_\_\_