



BOROUGH OF ALLENHURST
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Joe McGrath – Zoning/Code Official

ANNUAL BUSINESS REGISTRATION

YEAR _____

Business Name

Address of Business

Unit#/Suite/PO Box

City, State, Zip

Business Phone

Business E-mail

Business Owner Name

Address of Business Owner

Unit#/Suite/PO Box

City, State, Zip

Business Owner Phone

Business Owner E-mail

Type of Business

Square Footage of Tenant Space

Fire Alarm Present

Yes _____ No _____

Sprinkler System Present

Yes _____ No _____

OFFICE USE ONLY

Date Form/Fee Received

Received by:

Method of Payment:

Cash

Check

Money Order
