



CITY OF BRIDGETON  
CERTIFICATE OF BUSINESS COMPLIANCE (CBC)  
APPLICATION FORM

Name of Business: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Business Website Address / E-mail: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

(If Different than Physical Address)

Owner Name: \_\_\_\_\_

Owner Home Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Owner E-mail: \_\_\_\_\_

Alternate Contact Name/Address/phone/ E-mail: \_\_\_\_\_

Occupant Name / Address / Phone / E-mail (if different than owner): \_\_\_\_\_

Describe type of Business: \_\_\_\_\_

Days of Operation (i.e. Mon-Fri): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Name of Trash Hauler: \_\_\_\_\_

Number/Location of Dumpsters: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_

Applicants must provide documentation of Minimum Coverages: \$500,000 combined Property damage & bodily Injury or death per occurrence pursuant to S-1368

Additional approvals or authorizations may apply for establishments selling or serving alcohol, please contact City Clerk's Office

Return within 30 days by mail to the City of Bridgeton Fire Department at 181 East Commerce Street, Bridgeton, NJ, 08302 or email it to [firedepartment@cityofbridgeton.com](mailto:firedepartment@cityofbridgeton.com)