Fire Safety Registration Form

All occupancies should be registered with the exception of, owner occupied 1 and 2 family homes. Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act N.J.A.C. 52:27D-192 et seq. Failure to do so may result in a penalty of up to $1,000.00.

1. Is your business (check one):
   - Convenience Store
   - Deli
   - Hair/Nails
   - Storage (what will be stored at facility)
   - Office
   - Retail Store (what will be sold)
   - Gas Station
   - Auto Repair
   - Auto Body
   - Movie Theater
   - Restaurant (Alcohol Served Yes No) (# of tables)
   - Medical
   - Surgical
   - Hotel
   - Boarding House
   - Group Home
   - Assisted Living Facility
   - Day Care
   - Nursing Home
   - Senior Building
   - Funeral Home
   - Education Building
   - Other (Explain)

2. Type of ownership (check correct type)
   - Corporation
   - Private/Individual
   - Partnership
   - Condominium
   - Cooperation
   - LLC
   - Government Agency
   - Other (if other describe type here)

3. Business/Corporation Mailing Address:
   Name: ____________________________________________
   Give FULL legal name of ownership, including corporation, Incorporated, Partnership, T/A etc.
   Address: __________________________________________
   PO Box number or street number and name
   City: ____________________________ State: _____________ Zip Code: ____________________________

   Federal Employer (Tax ID) Number ____________________ Social Security Number (For Private/Individual Only)
   In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program notification system.
   Telephone: ____________________________ Fax: ____________________________ e-mail: ____________________________
4. Name of Business: ____________________________________________________________

Business location: ___________________________________________________________________________________

Suite/Room or Floor number: ___________ Municipality: ___________ County: ___________
Block number: ___________ Lot number: ___________ Telephone number of Business: ________________

Height of Building in feet Number of stories Square footage Occupant load

Manager of Business/Person of Contact Hours of Operation Number of Employees

5. Fire Alarm/Sprinkler/Kitchen Suppression

Does your business/occupancy have any of the following:

Fire Alarm _____ YES _____ NO
if yes, Company name and phone # ________________

Sprinklers _____ YES _____ NO
if yes, Company name and phone # ________________

Kitchen Suppression ____ YES ____ NO
if yes, Company name and phone # ________________

6. Billing Contact:

Name: _________________________________________________________________________________

Address: ________________________________________________________________________________

City: __________________________ State: __________________ Zip Code: ___________________________

Telephone: ______________________ Fax: __________________________ e-mail: ________________

7. Building Owner Information:

Name: _________________________________________________________________________________

Address: ________________________________________________________________________________

City: __________________________ State: __________________ Zip code: ___________________________

Telephone: ______________________ Fax: __________________________ e-mail: ________________

8. Emergency Contacts:

1. Name: _______________________________ Telephone: _______________________________

2. Name: _______________________________ Telephone: _______________________________

3. Name: _______________________________ Telephone: _______________________________
9. Certification: I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of owner or agent completing this form ____________________________ Date ________________

Printed name of owner or agent completing this form ____________________________________________________________________________ Title ________________

Street address of owner or agent completing this form ____________________________ City ________________

__________________________________________ State ________________ Zip Code ________________

Telephone of owner or agent completing this form ____________________________ Fax ________________

E-mail of owner or agent completing this form ____________________________________________________________________________

Return to address on letterhead via fax, mail or e-mail.