New Jersey Department of Community Affairs
DIVISION OF FIRE SAFETY
PO Box 809
Trenton, New Jersey 08625-0809
Telephone: (609) 633-6144 FAX: (609) 633-6330

FIRE SAFETY REGISTRATION FORM

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

___ ___ ___ ___ - ___ ___ ___ ___ ___ - ___ ___ ___ - ___ ___

Part A – Business Registration Information

1. Business Ownership (mark the correct box):

(0) ____ Corporation (1) ____ Private / Individual (2) ____ Partnership (3) ____ Condominium

(4) ____ Cooperative (5) ____ Government Agency (6) ____ LLC Corporation

2. Business/Corporation Mailing Address:

If Private / Individual: Name: _____
Last First Middle Initial

If Other: _____
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's notification system.

Telephone: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE (S): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

LEA Number: ___ ___ ___ ___ - ___ ___ ___

Assigned Owner Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ____ New Application

Alternate Owner Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ____ Transfer

3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."
(Address must not be a PO Box)

Name: _____

Address: _____
Number Street Name

City: _____ State: _____ Zip Code: ___ ___ ___ ___ ___ - ___ ___ ___ ___

Telephone: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

4. Briefly describe the building types and / or uses or businesses you own.

_____

_____

_____

_____

---------- **Part B – Business Location Information** ----------
(Physical location and name of the business)

5. Name of Building or Business: _____

Building Location: _____
(Number and Street)

Suite or Room Number: _____ Municipality: _____ County: _____

6. _____ _____ _____
Block Number Lot Number Municipal Tax Account Number

7. _____ _____ _____ _____
Height of Building (in feet) Number of Stories Square Footage Occupant Load

---------- **Part C – Certification** ----------

8. **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 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 Number of Owner or Agent Completing This Form: (__ __ __) ___ ___ ___ - ___ ___ ___ ___