



# Bureau of Fire Prevention Franklin Township Fire District #1

67 Quakertown Rd Pittstown, NJ 08867

E: [firesafety@franklintwpfiredistrict1.com](mailto:firesafety@franklintwpfiredistrict1.com)

O: (908)-735-8704 www.franklintwpfiredistrict1.com



## APPLICATION FOR REGISTRATION OF BUSINESS

### The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Marshal. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Marshal within thirty (30) days of receipt. 19A13.2

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### THIS AREA FOR OFFICE USE ONLY

Local I.D.#: \_\_\_\_\_ State I.D.#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

\*\*\*\*\*

### **Business Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Building # (complex) \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_

Inspection Contact Direct Phone: \_\_\_\_\_

Inspection Contact Email Address: \_\_\_\_\_

Business Owner Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Do you... OWN or LEASE the property? (circle one)

\*\*\*\*\*

### **Building Owner's Name:** \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

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### **Business Owner's Name:** \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_ Street

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Business

Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_ Government \_\_\_\_\_

Cooperative \_\_\_\_\_ Condominium \_\_\_\_\_ LLC \_\_\_\_\_



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Local ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

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**Emergency Contacts:**

#1: \_\_\_\_\_ Phone #: \_\_\_\_\_

#2: \_\_\_\_\_ Phone #: \_\_\_\_\_

#3: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Alarm/Suppression System Information:**

Describe System: \_\_\_\_\_

Monitoring Co. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Description of use/occupancy of this building/business:**

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE MARSHAL, AND THAT I AM AWARE OF THE FEES ASSOCIATED WITH FRANKLIN TOWNSHIP MUNICIPAL ORDINANCE 182-12.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date