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: __ ___ __ ___ - __ ___ __ ___

   __ ___ __ ___         Social Security Number (For Private / Individual Only)
   __ ___ __ ___         Federal Employer (Tax ID) Number

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

R-305 Revised 10/02
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.

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

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

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: (____  ____  ____)  ____  ____  ____  -  ____  ____  ____  ____