



# Franklin Township Bureau of Fire Prevention

67 Quakertown Road

Pittstown, NJ 08867

Phone (908) 735-8704 Fax (908) 735-6413

Email: firemarshal@quakertownfire.com

## APPLICATION FOR REGISTRATION OF BUSINESS (please print or type all information)

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

\*\*\*\*\*  
THIS AREA FOR OFFICE USE ONLY  
\*\*\*\*\*

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

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

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

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

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

Do you... OWN or LEASE the property (circle one)

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

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

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

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

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

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

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

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

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_  
Government \_\_\_\_\_ Cooperative \_\_\_\_\_ Condominium \_\_\_\_\_ LLC \_\_\_\_\_

Emergency Contacts:

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

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

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

**Please indicate with an arrow where all notices/orders are to be sent.**

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this area office use only

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

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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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date