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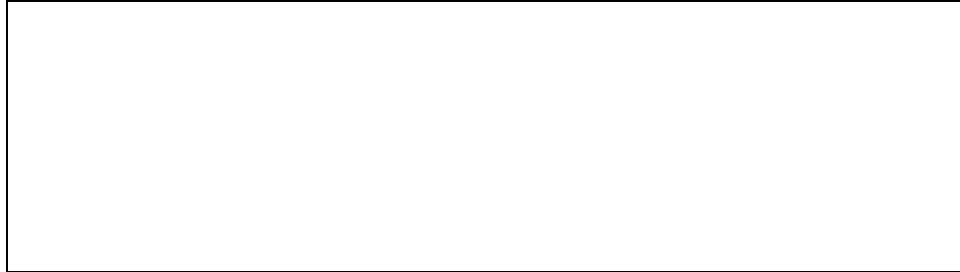
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FAX:

FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete 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) ___ Corporatio (1) ___ Private / Individual (2) ___ Partnership (3) ___ Condominium
- (4) ___ Cooperative (5) ___ Government Agency (6) ___ LLC Corporati

2. Business/Corporation MailingAddress:

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 A.C. 5:3-12, 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

