BOROUGH OF SPOTSWOOD
Bureau of Fire Prevention
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF INSPECTION
77 SUMMERHILL ROAD / SPOTSWOOD, N.J. 08884
732-251-0700 ext 832   FAX 732-251-2266

APPLICATION FOR REGISTRATION OF BUSINESS

(please print or type all information)

The Uniform Fire Code states:

The owner of all business, 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 Marshall. 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 Marshall within thirty (30) days of receipt. 19A13.2

* *
this area office use only
Local I.D.#: _____   State I.D.#: _____   Date Registered: _____
* *

Business Name: _____

Street Address: _____

_____

_____   Phone #: _____

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

Building Owner's Name: _____

Federal I.D. Number: _____   Phone #: _____

Street Address: _____

_____

Business Owner's Name: _____

Federal I.D. Number: _____   Phone #: _____

Street Address: _____

_____

Business Type: Individual_____   Partnership_____   Corporation_____   Other_____
                 Goverment_____   Cooperative_____   Condominium_____   LLC_____

Emergency Contacts:

#1: _____   Phone #: _____

#2: _____   Phone #: _____

#3: _____   Phone #: _____

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

****

this area office use only

Local ID#:_____   State ID#:_____   Date Registered:_____

****

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