New Jersey Department of Community Affairs DIVISION OF FIRE SAFETY PO Box 809 Trenton, N.J. 08625-0809 Telephone: (609) 633-6144 FAX: (609) 633-6330



ELISOPH.PM

FIRE SAFETY	REGISTRAT	TION FORM ———
Owners of possible Life Hazard Use businesse Fire Safety Act (N.J.S.A. 52:27D-192 et se	es must complete and file the eq.). Failure to do so may	ris form in accordance with the Uniform result in a penalty of up to \$500.00.
Part A	- Registrant Inform	ation
1. Business Ownership (mark the correct box	t):	
(0)Corporation (1)Private / Ind	lividual (2)I	Partnership (3)Condominium
(4) Cooperative (5) Government	Agency (6)I	LLC Corporation
	•	•
2. Business Owner Mailing Address:	÷	
If Private / Individual: Name		
Last	First	Middle Initial
If Other:		
Give FULL Legal Name of O	wnership, Including Corpor	ation, Incorporated, Partnership, T/A etc.
Address:		
P.O. Box	Number or Street Number	and Name
City: State:	Zip Co	de:
Today I Barbara (Tar ID) Number		Security Number (For Private / Individual only)
Federal Employer (Tax ID) Number	SOCIAL S	Security Number (101 111/110) 2111/1111 111/
Telephone: ()	•	In accordance with NJ.S.A. 52:27D-201 and NJ.A.C. 5:3-1.2, voluntary provision of your
		social security number will ensure the efficiency of the program's notification system.
Con	utinued on Reverse Sid	
FOR FIRE	OFFICIAL / DFS US	SE ONLY
USE CODE(S):		
LEA Number:		
Assigned Owner Number:		☐ New Application
Alternate Owner Number:		☐ Transfer

Name:			
Number		Street Name	
City:	Sta	te:Zip Co	ode:
, , , , , , , , , , , , , , , , , , , ,	'	· 	
Briefly describe the bu	uilding types and / or uso	es or businesses you own	1•
,		,	••

-	Part B - Busine	ss Location Informati	On
		and name of the busines	
Name of Building or Bu	siness:		
Building Location:			
	(Nur	mber and Street)	
Suite or Room Number:_	Mur	nicipality:	County:
Block Number		ot Number	Municipal Tax Account Numb
leight of Building (in feet)	Number of Stories	Square Footage	Occupant Load
		0400.0 00.090	Companie Load
	Part B	- Certification ———	
I certify that all state	ements made by me on t	this registration application	n are true. I am aware that if
or the foregoing sta	tements made by me are	e wilfully false, I am subje	ect to punishment.
Signature of (Owner or Agent Completing T	his Form	Date
W. T.			
Printed Name of	Owner or Agent Completing	This Form	Title
Street Address o	of Owner or Agent Completing	This Form	
Street Address t			
Street Address t			
Street Address t	***		