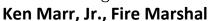


Bureau of Fire Prevention of the Borough of Englishtown

3 South Main St., P.O. Box 2 Englishtown, NJ. 07726 Phone: 732-446-4818 / Fax: 732-446-8285

firemarshal@englishtownfd.com





Registration Date:

EMERGENCY INFORMATION FORM FOR BUSINESS OR RENTAL PROPERTY NON (Life Hazard Use)

{PLEASE TYPE OR PRINT INFORMATION CLEARLY}

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 Inspection upon forms provided by the Fire Official. It shall be a VIOLATION of the owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

State ID #:

Office Use Only Local ID #:	State ID #:	Registration Date:		
BUSINESS NAME (or DBA):				
Street Address:		Suite #/Floor:		
Town:	Zip Code:			
Name of Shopping Center or Office Build	ling:			
Premises Phone #:	Cell #:	Own or Lease:		
BUSINESS INFORMATION (Check one): _	Corporation I	LLC Partnership Individual		
Registered Name:				
Mailing Address:		Suite #/Floor:		
City:	State:	Zip Code:		
Phone #: Ema	il Address:	-		
Fed ID#: Wel	osite:			
BUSINESS OWNER PERSONAL INFORMATION	TION			
Business Owner's Name:				
Home Address:		·····		
City:	State:	Zip Code:		
Home Phone #:	Cell#:			
Email Address:				
PLEASE INDICATE WHERE ALL MAIL, ACT	IONS, ORDERS OR NO	OTICES ARE TO BE SENT		
(Check one): Local Business Address	Business Owner	Building Owner Property Manager		
Continued				

BUILDING OWNER INFORMATION

Name:			
Mailing Address:			Suite #/Floor:
City:	State:	Zip Code:	
Phone #:	Email Address:		
Fed ID#:			
Property Management C	Company (if applicable):		
Contact:	Phone #:		Email:
EMERGENCY CONTACTS	(after hours/key holders):		
Contact #1 Name:		Phone #:	
Contact #2 Name:		Phone #:	
Contact #3 Name:		Phone #:	
ALARM/SUPPRESSION SY	YSTEM INFORMATION:		
System Description:			
Monitoring Company:			
Phone #:			
DESCRIPTION OF USE/O	CCUPANCY OF THIS BUILDING/BUSINESS	5: 	
authorized to act in the	hat I have read this application, that the owner's behalf, and as such hereby agree as well as any specific conditions impo	e to comply w	·
Print Name	Title		
Signature			