Hillsdale Fire Prevention Bureau

380 Hillsdale Ave.
Hillsdale, New Jersey 07642
Voice Mail: 201-722-2612 ex-1564
Fax: 201-664-0337

Annual or New Business Registration
(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 52:27D-203 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official.
It shall be a VIOLATION of this Code for anv owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within Sixty (60) days of receipt. 52:27D-203

****
this area office use only

Local I.D.#:_____ State I.D.#:_____ Date Registered:_____

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Business Name:_____

Street Address:_____

_____

Phone #:_____ Fax #: _____

Do you... **OWN or LEASE** the property (circle one) **Your sq. ft. total:**_____

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_____

Manager/Agent:

Name:_____

Address:_____

City, State Zip:_____

Phone:_____

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

APPLICATION FOR REGISTRATION OF BUSINESS

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this area office use only

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

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Emergency Contacts:

#1:_____ Phone #:_____

#2:_____ Phone #:_____

#3:_____ Phone #:_____

Alarm/Suppression System Information:

( ) Smoke Detectors Only ( ) Sprinkler System Only ( ) Both ( ) None

Monitoring Co. Name:_____( ) NOT Monitored

Phone #:_____

Required Key Box location: ( )By Front Door ( )Left Side of Bldg.

( )Right Side of Bldg ( )Rear of Bldg. ( )No Box Present

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 OFFICIAL.

_____ _____

Print Name **Signature**

_____ _____

Title **Date**