

**East Rutherford– BUREAU of FIRE PREVENTION**

312 Grove St, East Rutherford, NJ 07307  
kbarnas@eastrutherfordnj.net



**APPLICATION FOR REGISTRATION OF BUSINESS**

**Fire Official  
Phone: (201)  
728-9323**

**Please type information into fillable fields below or print form & type or print clearly**

**Email and drop off application.**

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 Registration upon forms provided by the Fire Official. 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 Official within thirty (30) days of receipt. 19A13.2

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 Building: \_\_\_\_\_

Premises Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Own or Lease?: \_\_\_\_\_

**BUSINESS INFORMATION (Check one):**  Corporation  LLC  Partnership  Individual

Registered Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite #/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fed ID#: \_\_\_\_\_ Website: \_\_\_\_\_

**BUSINESS OWNER PERSONAL INFORMATION**

Business Owner's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE INDICATE WHERE ALL MAIL, ACTIONS, ORDERS OR NOTICES ARE TO BE SENT (Check one):**

Local Business Address  Business Owner  Building Owner  Property Manager

**(continued on back)**

**BUILDING OWNER INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite #/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fed ID#: \_\_\_\_\_

Property Management 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 SYSTEM INFORMATION:**

System Description: \_\_\_\_\_

Monitoring Company: \_\_\_\_\_

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 Official.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date