

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



## FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$1,000.00

### Part A - Business Registration Information

#### 1. Business Ownership (mark the correct box):

- (0)  Corporation      (1)  Private / Individual      (2)  Partnership      (3)  Condominium  
(4)  Cooperative      (5)  Government Agency      (6)  LLC Corporation

#### 2. Business/Corporation Mailing Address:

If Private / Individual: Name: \_\_\_\_\_  
Last First Middle Initial

If Other: \_\_\_\_\_  
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

Address: \_\_\_\_\_  
PO Box Number or Street Number and Name

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

\_\_\_\_\_ Federal Employer (Tax ID) Number

\_\_\_\_\_ Social Security Number (For Private / Individual Only)

In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE (S): \_\_\_\_\_

LEA Number: \_\_\_\_\_

