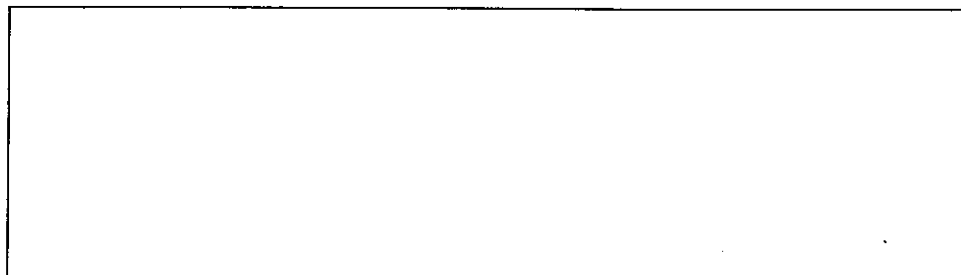


STATE OF NEW JERSEY  
 DEPARTMENT OF COMMUNITY AFFAIRS  
 DIVISION OF FIRE SAFETY  
 PO BOX 809  
 TRENTON, NEW JERSEY 08625-0809  
 TELEPHONE: (609) 633-6144  
 FAX: (609) 633-6330



## 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: \_\_\_\_\_

Assigned Owner Number: \_\_\_\_\_ \_\_\_ New Application

Alternate Owner Number: \_\_\_\_\_ \_\_\_ Transfer

