

**TOWNSHIP of MIDDLETOWN – BUREAU of FIRE PREVENTION**

One Kings Highway, Johnson Gill Building, Middletown NJ 07748



**APPLICATION FOR REGISTRATION OF BUSINESS (LHU)**

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

**BUDDY SKELLY**  
Fire Official  
(732)615-2270

**Business Name (or DBA)**

1. Date of Application \_\_\_\_\_ 2. Block: \_\_\_\_\_ Lot: \_\_\_\_\_
3. Name of Business \_\_\_\_\_
4. Physical Address of Business \_\_\_\_\_
5. Name of Shopping Center or Office Building \_\_\_\_\_
6. Premises Phone Number \_\_\_\_\_
7. NJ Life Hazard Use (LHU) Registration # \_\_\_\_\_ Use Type: \_\_\_\_\_

**Business Information** (check one):  Corporation  LLC  Partnership  Individual  Non-Profit

1. Registered Name \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. City, State, Zip \_\_\_\_\_
4. Phone \_\_\_\_\_ Email \_\_\_\_\_
5. Business Fed ID#: \_\_\_\_\_

**Business Owner Personal Information**

1. Business Owner's Name \_\_\_\_\_
2. Business Owner's Home Address \_\_\_\_\_
3. Business Owner's City, State, Zip \_\_\_\_\_
4. Business Owner's Phone \_\_\_\_\_ Email \_\_\_\_\_

**Send Mail To** (check one):  Property  Building Owner  Business Owner  Property Manager

**Landlord/Building Owner and, if applicable, Property Manager Information**

1. Landlord Name \_\_\_\_\_
2. Landlord Mailing Address \_\_\_\_\_
3. Landlord Phone \_\_\_\_\_ Fed ID #: \_\_\_\_\_
4. Property Manager Company \_\_\_\_\_
5. Property Manager Address \_\_\_\_\_
6. City, State, Zip \_\_\_\_\_
7. Property Manager Contact \_\_\_\_\_ Phone \_\_\_\_\_

CONTINUED

**Name & Phone of Key Holders for Emergencies After Hours:**

Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact #3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Company Information:**

1. Insurance Company \_\_\_\_\_  
2. Address \_\_\_\_\_  
3. Phone \_\_\_\_\_ Agent: \_\_\_\_\_

**Business Use Information**

1. Occupancy Load \_\_\_\_\_ 2. Construction Use Group Class \_\_\_\_\_ 3. LHM Group \_\_\_\_\_  
4. Type of Use (see attached) \_\_\_\_\_  
5. Describe what your business does: \_\_\_\_\_  
6. Describe any proposed construction, alterations, additions or changes of the site \_\_\_\_\_  
7. Are Hazardous Materials stored on premises?  No  Yes (If yes, provide MSDS)  
8. Number of stories of your business \_\_\_\_\_ Square Footage by floor \_\_\_\_\_  
9. Type of Construction \_\_\_\_\_  
10. Truss Construction (check one):  Roof  Floor  Floor & Roof  
11. Heating System:  Gas  Oil  Electric  Other \_\_\_\_\_  
Type:  Hot Air  Hot Water  Steam  
12. Do you have a Fire Sprinkler System?  Yes  No  
13. Do you have a Kitchen Hood Suppression System?  Yes  No  
14. Do you have a Fire Alarm System?  Yes  No  
15. Alarm Company Name \_\_\_\_\_  
16. Alarm Company Phone \_\_\_\_\_

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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.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Type of Business:

Agriculture

Assembly

Business – Places where services are provided

Children's Camp

Day Care Adult/Children

Eating/Drinking

Explosives

Flammables

Fuel Distribution/Storage

High Rise/Covered Mall/Atrium

Institutional

Lodging

Manufacturing

Auto/Motor Repair

Recreational

Retail/Mercantile – Places where goods are displayed and sold

School/Education

Spraying

Storage/Warehouse

Welding