

TOWNSHIP of MIDDLETOWN – BUREAU of FIRE PREVENTION

One Kings Highway, Johnson Gill Building, Middletown NJ 07748



APPLICATION FOR REGISTRATION OF BUSINESS

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

BUDDY SKELLY
Fire Official
(732)615-2270

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 next page)

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