

TOWNSHIP of MIDDLETOWN – BUREAU of FIRE PREVENTION

One Kings Highway, 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. LHU 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 _____

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