



CLINTON TOWNSHIP
Bureau of Fire Safety

1225 Route 31 South
Clinton, N.J. 08833
Phone: 908-735-8800
Fax: 908-735-8156

Fire Safety Business Registration Form

**** DO NOT SEND THE REGISTRATION FEE WITH THIS FORM ****

Business Name: _____
(If Corporation or LLC. Provide Name)

Street Address: _____

Do you . . . Own or Lease the property (Circle One)

Building Owner's Name: _____

Federal I.D. Number: _____ **Phone:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

SAME

Business Owner's Name: _____

Federal I.D. Number: _____ **Phone:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

Business Type: Individual Partnership Corporation Government

Other Cooperative Condominium LLC.

Emergency Contacts:

#1: _____ Phone #: _____

#2: _____ Phone #: _____

#3: _____ Phone #: _____



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Fire Safety Business Registration Form

Business Building: Block/Lot: _____ Number of Stories: _____

Height of Building: _____ Square Footage/Area Business occupies: _____

Nearest Cross Street: _____ Occupancy Load: _____

Business Use Description: _____

Special Hazards: _____

Fire Alarm Monitoring Company: _____

Phone: _____ System Description: _____

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 New Jersey State Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Marshal.

Print Name

Signature

Title

Date

For Local Enforcing Agency Use Only

Local Registration Number: _____ Date Registered: _____

UCC Use Group: _____ UFC Use Group: _____ Local Ordinance Code: _____

LEA Registration Fee: \$ _____ Occupancy Load: _____
