Flemington Borough BUREAU OF FIRE SAFETY

BUSINESS REGISTRATION FORM

ALL business owners and those of 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.

ALL information must be completed in full in accordance with State of New Jersey and Borough requirements.

Business/Corporation Mailing Address: If Private or Individual: Name: First Middle Give FULL legal Name of Ownership, Including Corporation, Incorporation, Partnership, T/A etc. P.O. Box Number or Street Name and Number Including Building Number and Suite Number State: _____ Federal Employer (Tax ID) Number Social Security Number (Private / Individual Only Business / Corporate / Individual Phone Number: Business / Corporate / Individual E-mail Address: **Business Ownership: (Mark Correct Type)** Private / Individual Partnership Condominium Corporation ____ Cooperative ____ Government Agency ____ LLC Property / Business Type: **Registered Agent:** Name of Person to Receive Registered Mail: First ΜI E-mail: Business Phone Number: Emergency Contact: Last First ΜI E-mail: Cell Phone Number: Business Owner: ΜI First Cell Phone Number: On Site Contact: Last First ΜI

Cell Phone Number:

Property Owner Information:						
Name of Property Owner:		Business or Individual FULI	I. Name			
Address of Property Owner:						
City of Property Owner:				Zip Code:		
Building Information: Physical	Name and Loc	cation of the Business (ALL info	rmation MU	ST be Provided)		
Building / Business Name:						
Use Group:		Original Certificate of Occupancy Date:				
Block:	Lot:					
Street Address:						
	Incl	lude and Building Number, Suite l	Number etc.			
Number of Stories:		Number of Floors Below Grade:				
Total Square Footage:		Building Height:		Number of Exits:		
Occupant Load:		Construction Type:	Не	eating Fuel Source:		
Briefly Describe the Building Typ	e:					
Briefly Describe the Use of the Bu	ısiness:					
***** IF THRE ARE ANY QUE	ESTIONS WH	EN COMPLETING THE REG	ISTRATIO	<i>INESS</i> : N FORM, PLEASE CONTACT THE STRATION AT (908)782-8840 X227.		
	BU	REAU OF FIRE SAFETY USE	ONLY			
Use Code(s):						
New Application:	Transfer:	Date Rece	eived:			

Date Entered into Dynamics:

Assigned State Number 1009-_____

HUNTERDON COUNTY COMMUNICATIONS FLEMINGTON BOROUGH BUSINESS FILE CHANGE FORM

Please Update the Following	Business:	Not in Business List	UPDATE NEEDED		
Requested by:		Date	Requested:		
Municipal No: FLEMINGTON - 1009	Information Pro	ovided By:	Date Submitted:		
TYPE OF INFORMATION:	New	Deletion	Change		
If new, what business does it repla	ce?				
Name of Business:					
Business Address:			SUITE:		
PUBLIC BUSINESS Telephone:		Complex Name/Lan	dmark:		
EMERGENCY CONTACT PERSONNEL (MUST include all area codes)					
1. NAME:		TITLE:			
CELL:	HOME:	EMAIL:			
2. NAME:		TITLE:			
CELL:	HOME:	EMAIL:			
3. NAME:		TITLE:			
CELL:	HOME:	EMAIL:			
4. BUILDING OWNER:					
CELL:	HOME:	EMAIL:			
Alarm Co:		Alarm Phone:			
Hazards/Misc Info:					
Please Update this Information As Soon As Possible and Fax to 908-806-8184 Or email to: COMMUNICATIONS@CO.HUNTERDON.NJ.US ATTENTION: FRANK-					

83 Also e-mail to <u>FIREOFFICIAL@HISTORICFLEMINGTON.COM</u>.

Communications use only:

Entered by: _____ BUSINESS #____ Date Updated: _____