



Hopewell Valley Bureau of Fire Safety
201 Washington Crossing Pennington Rd
Titusville, NJ 08560
609-730-8156 fax 609-730-1563
www.hopewelltwfire.org/bfs

APPLICATION FOR REGISTRATION OF BUSINESS

(please print or type all information)

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

this area office use only

Local I.D.#: _____ State I.D.#: _____ Date Registered: _____

Business Name: _____

Street Address: _____

_____ Phone #: _____

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: _____

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

Email Address: _____

Street Address: _____

Business Owner's Name: _____

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

Email Address: _____

Street Address: _____

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____

Emergency Contacts:

#1: _____ Email: _____ Phone #: _____

#2: _____ Email: _____ Phone #: _____

#3: _____ Email: _____ Phone #: _____

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

this area office use only

Local ID#: _____ State ID#: _____ Date Registered: _____

Alarm/Suppression System Information:

Describe System: _____

Please indicate areas covered by the following:

Sprinklers: _____

Smoke Detectors: _____

Heat Detectors: _____

Alarm Panel Location: _____

Monitoring Co. Name: _____

Phone #: _____

Description of use/occupancy of this building/business:

Hours of Operation: _____

Number of Employees: _____

Are You Registered as a Life Safety Hazard with the State? _____

If Yes, List Your Registration Number: _____

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

Signature

Title

Date