Pequannock Fire Safety Bureau
530 Newark Pompton Turnpike
Pequannock, N.J. 07444
973-835-5700 Ext. 194
Mark Lime: Fire Official

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 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 section is office use only

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

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Business Owners Name: _____ Cell Phone: _____

Business Owners Home Address: _____

Business Type: Individual_____ Partnership _____ Corporation _____ Other _____

Do you (check one) ☐ OWN or ☐ LEASE the property Building Sq. ft. _____

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

Building Owner's Name: _____

Building Owner's Private Address: _____

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

Building owner's private email: _____

Emergency Contacts:

Contact Name 1: _____ Cell Phone: _____

Contact Name 2: _____ Cell Phone: _____

Contact Name 3: _____ Cell Phone: _____

ACTIONS, ORDERS OR NOTICES ARE TO BE MAILED TO ATTN:

ADDRESS: _____