BUREAU OF FIRE PREVENTION
HARRISON TOWNSHIP FIRE DISTRICT
312 EWAN ROAD
MULLICA HILL, NJ 08062
856-478-6832, fax 856-478-4344

Local Business Registration Form

Business Information

Business Name: _____ Phone #:_____

Shopping Complex Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Nearest Cross Street: _____

Business Owner Information

Owner's Name: _____ Phone #:_____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Federal I.D. #: _____

Type of Ownership: _____ Corporation _____ Partnership _____ Individual

Building Owner Information

Owner's Name: _____ Phone #:_____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Federal I.D. #: _____

Emergency Information

Contact Person: _____ Phone #:_____

Contact Person: _____ Phone #:_____

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<u>Mailing Address For Correspondence</u>

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Manager's Name: _____ Phone #: _____

<u>Other General Business/Building Information</u>

Business Hours: _____

Give a Brief Description of Your Business: _____

Do you own the building or are you a tenant?: _____

How many stories is the building?: _____ 1 Story _____ 2 Stories _____ 3 Stories

Type of Building Construction: _____ Year Constructed: _____

Total Square Feet occupied by this business: _____

Certificate Of Occupancy Issued? _____ Yes _____ No Year Issued _____

Is there a Fire Alarm in the building?: _____ Yes _____ No

What type of Fire Alarm System?: _____ Automatic _____ Manual

Does the building have Sprinklers?: _____ Yes _____ No

What type of Sprinklers?: _____ Full Automatic _____ Limited Area Only _____ Range/Cooking Area Only

Does an Alarm Co. monitor the protection/detection equipment?: _____ Yes _____ No

Who occupied the building before current user?: _____

Any other additional comments: _____

All information is required to be completed unless deemed to not be applicable

Signature of Person Completing Form: _____

Email Address for Correspondence: _____

Bureau of Fire Prevention Use Only

Freq _____ Dept. Local _____ Life Hazard _____ Local _____ Use Group _____