

Bureau of Fire Prevention Office of the Fire Marshal

Runnemede Municipal Building 24 N. Black Horse Pike Runnemede, NJ 08078 856-939-2817 Fax: 856-939-0981 Michael Kearney Captain / Fire Official

Fire Safety Registration Form

Owners of a possible Life Hazzard Use businesses must complete and file this from 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

Part A- Business Registration Information

Busines	ss Ownership (Mark Cor	rect Box):								
	[] Corporation	[] Private/I	ndividual	[] Partnership	[]Condominium			
	[] Cooperative	[] Governr	nent Agency	[] LLC Corporation					
Busines	ss/Corporation Mailing A	ddress:								
	If Private/Individual Name:									
		Last			First		Middle Initial			
	If Other: Give Full Lega	l Name of Ov	vnership, Inclu	ıdiı	ng Corporation, Incorpo	 orate	ed, Partnership, T/A etc.			
	Address:P.O. Box Number or Street Number and Name									
	City:		State:		Zip Co	de:				
	Telephone: ()		- .						
	1 - 1 (T - 1D) N.				Social Security Number (F	Private/Individual Only			
	deral Employer (Tax ID) Nun	iber			Social Security Number (For	Private/Individual Only)			
Fmail:										

Continued on Reverse Side

Person to receive Certified Mail or other notices. If same as Owner, Write "Same" (Address must not be a P.O. Box)

Name:			
Address:Numbe			
Numbe	r	Street Name	
City:		State:	Zip Code:
Briefly describe the building typ	es and/or us	es or businesses you owi	1.
1	Part R. Ru	siness Location Info	rmation
		ation and name of the	
Jama of Puilding or Pusiness.			
ame of Building or Business: _			
Building Location:		(Number and Street)	
Suite or Room Number	M	unicipality:	County:
Block Number:	Lo	ot Number:	Height of Building:
Number of Stories:	Sc	quare Footage:	Occupant Load:
	D		
	P	art C- Certification	
			cation are true. I am aware that if any
of the foregoing state	ments made	e by me are willfully false	e, I am subject to punishment.
Signature of Owner or Ag	gent Complet	ting This Form	Date
5	7 1	8	
Printed Name of Owner of	Title		
Home Address of Owner	or Agent		
City	State	Zip Code	