



**MIDDLESEX COUNTY FIRE MARSHAL**  
**1001 Fire Academy Drive**  
**Sayreville, NJ 08872**  
**732-316-7171 (office) 732-316-7638 (fax)**



**APPLICATION FOR REGISTRATION OF BUSINESS**  
 (please print or type all information)

This area office use only

Local I.D. #: \_\_\_\_\_ State I.D. #: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Block/Lot: \_\_\_\_\_ Do you...OWN or LEASE the property (circle one)

Building Owner's Name: \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ Phone/Fax # \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ Phone/Fax # \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Manager/Agent: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone/Fax # \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Phone # \_\_\_\_\_

Description of Use: \_\_\_\_\_

Construction Information:

Square Footage: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Occupancy Load: \_\_\_\_\_

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE

Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_