



THE TOWNSHIP OF CRANBURY

23-A NORTH MAIN STREET
CRANBURY, NEW JERSEY 08512

609-395-0900 FAX 609-395-8861

FIRE SAFETY BUREAU

REGISTRATION APPLICATION FORM BUSINESS INFORMATION

Business/Use Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Federal Employer (Tax ID) No: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Agent to Receive Certified Mail, Billings or Other Notices

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Town: _____ Phone: _____

Name: _____ Town: _____ Phone: _____

Name: _____ Town: _____ Phone: _____

Insurance Information:

Carrier Name: _____

For Bureau Use Only

Registration No: _____ Permit(s) Required Yes No

LHU Code(s): _____ Use Group: _____

Remarks:

Additional Information:

Months of Operation:

Floor Area of Business/Use:

Days of Operation:

Type of Ownership:

Hours of Operation:

Corporation__ Partnership__ Individual__

Briefly Describe Type of Business/Use:

Building Information

Building Name: _____

Owners Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ - _____ - _____ Federal Employer (Tax ID) No: _____ - _____ - _____

Block No. _____ Lot No: _____ Area of Building _____ (sq. ft. per floor)

No. of Stories _____ Height of Building _____ (ft.) _____ (sq. ft. total)

Basement __ Yes __ No Type of Construction: _____

Is Building Equipped With:

__ Sprinkler System __ Stand Pipe System __ Automatic Fire Alarm __ Manual Fire Alarm

Alarm Company Name: _____ Phone: _____ - _____ - _____

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Owner or Agent

Date

Print Name

Address