



Cinnaminson Fire District #1
 Office of the Fire Marshal
 1621 Riverton Road
 Cinnaminson, New Jersey 08077
 Phone: 856-829-5220/Fax: 856-210-7519
 Serving Cinnaminson and Beverly City

Business Registration Form

Pursuant to the N.J. Uniform Fire Code, in effect in the Cinnaminson, you are hereby requested to supply the information listed below within THIRTY DAYS of receipt of this application.

FAILURE TO RESPOND TO THIS REGISTRATION SURVEY WITHIN THIRTY (30) DAYS WILL RESULT IN A PENALTY OF \$500.00 FOR EACH OCCURRENCE.

Business Details

Business Name: _____ Business Phone#: () - _____
 Business Address: _____ Business Address2: _____
E.g., 502 Pleasant Valley Ave Suite, Unit, Floor, eg., Suite 1
 Type of Ownership: Corporation LLC Partnership Condominium Private Gov.Agency Cooperative
 Type of Business: _____
 UFC Use Group: _____ Occupancy Load: _____
 Life Hazard Use: _____ LHU State ID#: _____
 Federal I.D.: _____ Hours of Operation: _____

Business Owner

Owner Name: _____ Owned by Corporation Individual
Corporate Name or if individual then First Last and Middle Name
 Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1
 Owner City: _____ State: _____ Zip: _____
 Owner Phone: () - _____ Owner Mobile Phone#: () - _____
 Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Building Owner Check if Building Owner is same as Business Owner(If different, complete the section below)

Owner Name: _____ Owned by Corporation Individual
Corporate Name or if individual then First Last and Middle Name
 Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1
 Owner City: _____ State: _____ Zip: _____
 Owner Phone: () - _____ Owner Mobile Phone#: () - _____
 Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Agent/Manager Check if Agent is same as Business Owner(If different, complete the section below)

Agent Name: _____ Agent Title: _____
First Last and Middle Name
 Agent Address: _____ Agent Address2: _____
Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1
 Agent City: _____ State: _____ Zip: _____
 Agent Phone: () - _____ Agent Mobile Phone#: () - _____
 Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Emergency Contacts (In addition to what is listed as Emergency Contacts Above)

Contact Order	Name (First Last and Middle Name)	Phone#	Alt Phone#	Email
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____