## Eatontown Fire Prevention

47 Broad Street Eatontown, NJ 07724 fp@eatontownnj.com www.eatontownnj.com



**Telephone: (732) 389-7620 FAX: (732) 389-7670** 

Owners of possible Life Hazard Use busines	Y REGISTRATION FORM  sses must complete and file this form in accordance with the Unifor t seq.). Failure to do so may result in a penalty of up to \$1,000.00	m
_		
Part A – Bus	siness Registration Information	
1. Business Ownership (mark the correct box):		
(0) Corporation (1) Private / Indiv	vidual (2) Partnership (3) Condo	minium
(4) Cooperative (5) Government A	Agency (6) LLC Corporation	
2. Business/Corporation Mailing Address:		
If Private / Individual: Name:		
Last	First	Middle Initial
If Other: Give FULL Legal Name of Owners	hip, Including Corporation, Incorporated, Partnership,	T/A etc.
Address:		
PO Box Number of	or Street Number and Name	
City: State:	Zip Code:	
Federal Employer (Tax ID) Number	Social Security Number (For Private / Indi	ividual Only)
	In accordance with N.J.S.A. 52:27D -201 and N.J.A.C. 5:3-1.2, vo your social security number will ensure the efficiency of its progra	luntary provision of
Telephone: (	Continued on Barones Side	
FOR FIRE	OFFICIAL / DFS USE ONLY	
USE CODE (S):		
LEA Number:		
Assigned Owner Number:		New Application
Alternate Owner Number:		Transfer

(Addı	ess must not be a PC	) Box)		
Name:				
Address:Number				
Number	Street Name	e		
City:	State:	Zip Code:		
Telephone: ()			<del></del>	
. Briefly describe the building ty	ypes and / or uses or	businesses you own	l <b>.</b>	
		= =		
	Part B – Busi	iness Location Info	rmation	
		ion and name of the		
Name of Building or Business:				
Building Location:	(Ni	umber and Street)		
Suite or Room Number:	•	•	C	ounty:
Block Number	- La	ot Number	Munic	ipal Tax Account Numbe
			TATOMIC	apai Tax Account Numbe
Height of Building (in feet)	Number of Storie	s Squ	are Footage	Occupant Load
	Part	C – Certification		
I certify that all state	ements made by me o	on this registration	application are tru	ie. I am aware that if an
of the foregoing state				
01 00	4 . 0 1	OI ' 17		
Signature of Owner o	r Agent Completing 1	his Form		Date
Printed Name of Own	er or Agent Completi	ng this Form	-	Title
			_	
Street Address of Ow	ner or Agent Complet	ting This Form	-	
City	State	Zip Code	<del>-</del> 2	
,	21014			

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