



**Bureau of Fire Prevention
Office of the Fire Marshal**

**Runnemede Municipal Building
24 N. Black Horse Pike
Runnemede, NJ 08078
856-939-2817
Fax: 856-939-3030**

**Alfred F. Loverdi
Deputy Fire Chief**

**Walter S. Hill III
Deputy Fire Marshal**

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

Business Ownership (Mark Correct Box):

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Private/Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Government Agency | <input type="checkbox"/> LLC Corporation | |

Business/Corporation Mailing Address:

If Private/Individual Name: _____
Last First Middle Initial

If Other: _____
Give Full Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

Address: _____
P.O. Box Number or Street Number and Name

City: _____ State: _____ Zip Code: _____

Telephone: (____ ____) _____ - _____

_____ Federal Employer (Tax ID) Number

_____ Social Security Number (For Private/Individual Only)

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