



BOROUGH OF WEST LONG BRANCH

Bureau of Fire Safety

Office of the Fire Marshal

965 Broadway, West Long Branch, New Jersey 07764, (732) 572-4298

FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete and file this form 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-----

1. Business Ownership (mark the correct box):

- (0) ☐ Corporation (1) ☐ Private / Individual (2) ☐ Partnership (3) ☐ Condominium
(4) ☐ Cooperative (5) ☐ Government Agency (6) ☐ LLC Corporation

2. 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: _____
PO Box Number or Street Number and Name

City: _____ State: _____ Zip Code: _____ - _____

_____ - _____ - _____
Federal Employer (Tax ID) Number Social Security Number (For Private / Individual Only)

In accordance with N.J.S.A. 52:27D -201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

Telephone: (____ __) _____ - _____

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE (S): _____

LEA Number: _____ - _____

Assigned Owner Number: _____ ☐ New Application

Alternate Owner Number: _____ ☐ Transfer

Name: _____

Address: _____

Number	Street Name
City: _____	State: _____ Zip Code: ____ _ - ____ _
Telephone: (____ _)	____ _ - ____ _

5. Name of Building or Business: _____

Suite or Room Number: _____ Municipality: _____ County: _____

7.	Height of Building (in feet)	Number of Stories	Square Footage	Occupant Load
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8. 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 me are willfully false, I am subject to punishment.

City	State	Zip Code
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Telephone Number of Owner or Agent Completing This Form: (__ __ __) __ __ __ - __ __ __ __