

Bureau of Fire Safety
City of Millville Fire Department

420 Buck Street
Millville, NJ 08332
(Phone) 856-327-3334 (Fax) 856-327-2319

Kirk Hewitt, Director of Public Safety

Organized May 14, 1880

Michael Lippincott, Fire Chief

Fire Safety Registration Form

Owners of 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-----

All Information in this Section **MUST** be completed

1. Business Ownership (mark the correct box):

- Corporation Private/Individual Partnership
 Cooperative Condominium Government Agency LLC Corporation

2. Business/Corporation Mailing Address (all information must be completed):

If Private/Individual: Name: _____

Last

First

M.I.

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: _____

Email: _____

_____ Federal Employer (Tax ID) Number
Individual Only)

_____ Social Security Number (For Private /

Telephone: _____

For Fire Official / DFS Use Only

USE Code(s): _____

LEA Number: _____

Non-LHU Number: _____

New Application

Non-LHU Number: _____

Transfer

3. Person to Receive Certified Mail, Email, or Other Notifications (If same as Owner, Write "Same"):

Name: _____
Last First M.I.

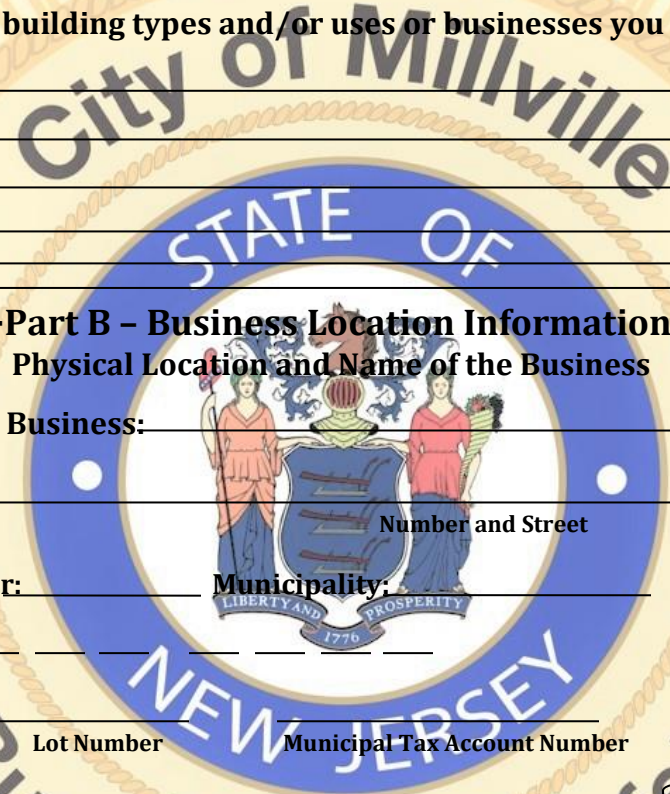
Address: _____
PO Box Number or Street Number and Name.

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____

4. Briefly describe the building types and/or uses or businesses you own.



**-----Part B - Business Location Information-----
Physical Location and Name of the Business**

1. Name of Building or Business: _____

Building Location: _____
Number and Street

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

Zip Code: _____

2. _____
Block Number Lot Number Municipal Tax Account Number

3. _____
Height of Building Number of Stories Square Footage Occupant Load

Attach Copy of Certificate of Occupancy, if available

-----Part C - Certification-----

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 Completing this Form

Date

Printed Name of Owner or Agent Completing this Form

Title

Street Address of Owner or Agent Completing this Form (Including City, State, and Zip Code)

Telephone: _____