



Midland Park Fire Prevention Bureau

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www.midlandparknj.org



APPLICATION FOR REGISTRATION OF BUSINESS
(please make any corrections/additions in red pen)

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The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt

THIS AREA FOR OFFICE USE ONLY

Local I.D.#: _____ State I.D.#: _____ Date Registered: _____

Business Name: _____

Street Address: _____

Email: _____

Phone #: _____

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

Street Address: _____

Email: _____

Business Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

Street Address: _____

Email: _____

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____

Goverment _____ Cooperative _____ Condominium _____ LLC _____

Emergency Contacts:

#1: _____ Phone #: _____

#2: _____ Phone #: _____

#3: _____ Phone #: _____

Please indicate with an arrow where all notices/orders are to be sent.

THIS AREA FOR OFFICE USE ONLY

Local ID#:_____ State ID#:_____ Date Registered:_____

Alarm/Suppression System Information:

Describe System:_____

Monitoring Co. Name:_____

Phone #:_____

Description of use/occupancy of this building/business:

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Print Name_____
Signature_____
Title_____
Date