



**MONTVILLE
FIRE PREVENTION BUREAU**

District 1
P.O. Box 152
Montville, New Jersey 07045
Tel: 973-334-6430 Fax: 973-334-9413

Application for Certificate of Registration

The Uniform Fire Code State:

“The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 8.52.110 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for an owner to fail or return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt.” 5.52.120

This area is for office use only

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

Business Name: _____
Street Address: _____

Phone #: _____

Do you... OWN LEASE the property

Building Owner's Name: _____
Federal ID Number: _____
Street Address: _____

Phone Number: _____

Business Owner's Name: _____
Federal ID Number: _____
Street Address: _____

Phone Number: _____

Business Type: Individual Partnership Corporation Other

Emergency Contacts:

#1 _____ Phone #: _____
#2 _____ Phone #: _____
#3 _____ Phone #: _____

Which address would you like all mail, actions, orders or notices to be sent?

Business Address: Building Owner Address: Business Owner Address:

This area is 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, and 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 fire code as well as any specific conditions imposed by the fire official.

Print Name

Signature

Title

Date