



# Bureau of Fire Safety

Department of Public Affairs  
428-60th Street Room 23  
Town of West New York, NJ 07093



Tel (201) 295-5220  
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Cosmo A. Cirillo  
Commissioner

Danessa Real  
Fire Official

## APPLICATION FOR REGISTRATION OF BUSINESS

(Please Print or Type all Information)

The Uniform Fire Code States:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected and/or registered under Section 19A.12.1 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 any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

\*\*\*\*\*  
This Area Office Use Only

Local I.D.#: \_\_\_\_\_ State I.D.#: \_\_\_\_\_ Date Registered: \_\_\_\_\_  
\*\*\*\*\*

Property Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you OWN or LEASE (circle one) Phone Number: \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Management Company's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Phone Number: \_\_\_\_\_

**Emergency Contacts:**

#1: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#2: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#3: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please indicate with an arrow where all mail, actions, orders, and/or notices are to be sent.  
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**Alarm/Suppression System Information:**

Describe System: \_\_\_\_\_

Monitoring Co. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of use/occupancy of this building:

\_\_\_\_\_

**A CERTIFICATE OF OCCUPANCY OR AN CONTINUED CERTIFICATE OF OCCUPANCY FROM THE WEST NEW YORK BUILDING DEPARTMENT MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE ACCEPTED.**

**I HEARBY 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 HEARBY 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: \_\_\_\_\_