



Bureau of Fire Safety

Department of Public Affairs
6015 Tyler Place
West New York, NJ 07093



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Cosmo A. Cirillo
Commissioner

Danessa Real
Fire Official

APPLICATION FOR REGISTRATION OF BUSINESS

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: _____

Business Name: _____ Address: _____

Business Owner Name & Address: _____

Business Type: Individual _____ Partnership _____ Corp. _____ Other _____ OWN or LEASE (Circle One)

Business Phone Number: _____ Federal/TAX I.D. Number: _____

EMAIL Address: _____

Description of use/occupancy of this business: _____

Emergency Contacts:

#1: _____ Phone Number: _____

#2: _____ Phone Number: _____

Building Owner Name: _____

Building Owner Address: _____

Building Owner Federal I.D. Number: _____ Phone Number: _____

Management Company Name: _____ Phone Number: _____

Address: _____

Manager/Super Name: _____ Phone Number: _____

Email: _____

Alarm System Information: Describe System Type _____

Monitoring Co. Name: _____ Address: _____

Phone Number: _____

Suppression Company Name: _____

Phone Number: _____

*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 HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED AGENT TO ACT ON 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: _____