

MAYOR
ALBIO SIRES | PUBLIC SAFETY

COMMISSIONERS
ADAM W. PARKINSON | REVENUE & FINANCE
VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY
MARIELKA A. DIAZ | PUBLIC AFFAIRS
MARCOS A. ARROYO | PUBLIC WORKS

OFFICE OF FIRE PREVENTION

ROBERT TORRES | FIRE OFFICIAL
RTORRES@WESTNEWYORKNJ.ORG
O. 201.295.5220
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TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY



MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

APPLICATION FOR REGISTRATION OF BUSINESS

The Uniform Fire Code states: The owner of all businesses, occupancies, buildings, structures, or premises require to be inspected and/ or registered under Section 19A.112.1 shall apply annually to the Local Enforcing Agency and/or Fire official within thirty (30) days of receipt. 19A13.2

Property Name: _____ **Property Address:** _____

Business Owner Name: _____ **Business Owner Address:** _____

Business Owner Phone: _____ **Federal/Tax I.D.:** _____

Business Type: Individual___ Partnership___ Corp___ Other___ OWN or LEASE (circle one)

Email: _____

Emergency Contacts:

#1: _____ **Phone Number:** _____

#2: _____ **Phone Number:** _____

Building Owner Name: _____ **Federal ID #:** _____

Building Owner Address: _____ **Phone Number:** _____

Email: _____

Management Company Name _____ **Email:** _____

Management Company Address: _____ **Phone #:** _____

Manager/ Super Name: _____ **Phone #:** _____

Alarm System Information:

System Type: _____ **Monitoring Co:** _____

Monitoring Co. Address: _____ **Phone #:** _____

Suppression Co. Name: _____ **Phone #:** _____

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

I HERBY 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 OWNERS BEHALF, AND AS SUCH HERBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENT OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Print Name: _____ **Signature:** _____

Title: _____ **Date:** _____

The Town of West New York is proud to be a drug free workplace and an equal opportunity employer.



www.westnewyorknj.org

#WEAREWNY

