



**FIRE SAFETY BUREAU**  
**THE TOWNSHIP OF CRANBURY**  
23-A NORTH MAIN STREET  
CRANBURY, NEW JERSEY 08512  
Phone (609) 664-3137 Fax (609) 395-8861

**BUSINESS REGISTRATION APPLICATION**

**Business Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Federal Employer (Tax ID) No. \_\_\_\_\_

**Business Owner Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Agent to Receive Certified Mail, Billings or Other Notices**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INFORMATION**

Floor Area of Business \_\_\_\_\_

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Type of Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Briefly Describe Type of Business/Use \_\_\_\_\_

\_\_\_\_\_

**BUILDING INFORMATION**

Building Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Federal Employer (Tax ID) No. \_\_\_\_\_

Number of Stories \_\_\_\_\_ Height of Building \_\_\_\_\_ Feet

Basement \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Construction \_\_\_\_\_

Is Building Equipped With:

\_\_\_\_\_ Sprinkler System \_\_\_\_\_ Stand Pipe System \_\_\_\_\_ Automatic Fire Alarm \_\_\_\_\_ Manual Fire Alarm

Alarm Company Name \_\_\_\_\_ Phone \_\_\_\_\_

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statement made by are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address