



Mahwah Fire Prevention Bureau
 PO Box 733
 475 Corporate Dr
 Mahwah, NJ,07430
 Phone# (201) 529-5757 Fax# (201) 512-0537

Business Registration Form

Pursuant to the New Jersey Uniform Fire Code, in effect in the Township of Mahwah, you are hereby requested to supply the information listed below within THIRTY DAYS of receipt of this application.

FAILURE TO RESPOND TO THIS REGISTRATION SURVEY WITHIN THIRTY (30) DAYS WILL RESULT IN A PENALTY OF \$500.00 FOR EACH OCCURRENCE.

Business Details

Business Name: _____ Business Phone#: () - _____

Business Address: _____ Business Address2: _____
E.g., 502 Pleasant Valley Ave Suite, Unit, Floor, eg., Suite 1

Type of Ownership: Corporation LLC Partnership Condominium Private Gov.Agency Cooperative

Type of Business: _____

UFC Use Group: _____ Occupancy Load: _____

Life Hazard Use: _____ LHU State ID#: _____

Federal I.D.: _____ Hours of Operation: _____

Business Owner

Owner Name: _____ Owned by Corporation Individual
Corporate Name or if individual then First Last and Middle Name

Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Owner City: _____ State: _____ Zip: _____

Owner Phone: () - _____ Owner Mobile Phone#: () - _____

Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Building Owner Check if Building Owner is same as Business Owner(If different, complete the section below)

Owner Name: _____ Owned by Corporation Individual
Corporate Name or if individual then First Last and Middle Name

Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Owner City: _____ State: _____ Zip: _____

Owner Phone: () - _____ Owner Mobile Phone#: () - _____

Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Agent/Manager Check if Agent is same as Business Owner(If different, complete the section below)

Agent Name: _____ Agent Title: _____
First Last and Middle Name

Agent Address: _____ Agent Address2: _____
Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Agent City: _____ State: _____ Zip: _____

Agent Phone: () - _____ Agent Mobile Phone#: () - _____

Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Emergency Contacts (In addition to what is listed as Emergency Contacts Above)

Contact Order	Name (First Last and Middle Name)	Phone#	Alt Phone#	Email
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____