



EVESHAM TOWNSHIP FIRE DISTRICT NO. 1

FIRE SAFETY USE REGISTRATION FORM

P.O. Box 276 – 984 Tuckerton Road – Evesham, New Jersey 08053-0276 – 856-983-2750

Fire Dept. Use Only

Entered _____ Insp. Grid. _____ Insp. _____

DATE: _____

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

PLEASE CHECK ONE:

NEW TENANT

CHANGE OF OWNERSHIP

RENOVATIONS OF EXISTING TENANT

UPDATE OF INFORMATON

Evesham Fire-Rescue’s Fire Prevention Division enforces State Legislation, Public Law 1983, Chapter 383 N.J.S.A. 52: 27D-192 et. Seq. that provides for the establishment of a Uniform State Fire Safety Code. This requires the annual registration and periodic fire inspections of all businesses and buildings. Every business and / or building owner must respond. The application must be returned to this office within 30 days with all items completed. Failure to do so will constitute a violation of State Regulations and may be subject to a penalty fine of not less than \$75.00 and not more than \$1,000.00. **IN ORDER TO KEEP EVESHAM TOWNSHIP A FIRE SAFE COMMUNITY, WE ARE ASKING FOR YOUR FULL COOPERATION.**

1. NAME OF BUSINESS: _____

PHYSICAL STREET ADDRESS: _____ Marlton, NJ 08053

FEIN # _____ BUSINESS PHONE #: _____

CONTACT PERSON: _____

CONTACT PERSON EMAIL: _____

DESCRIPTION OF BUSINESS: _____

SQUARE FOOTAGE OF BUSINESS (REQUIRED): _____

IF THIS IS AN EXPANSION OF AN EXISTING BUSINESS AT THIS LOCATION, WHAT IS THE TOTAL NEW SQUARE FOOTAGE? _____

OCCUPANCY LOAD: _____ IS ALCOHOL SERVED? _____

2. OWNER OF BUSINESS: _____

OWNER ADDRESS _____

TYPE OF OWNERSHIP (LLC, LLP, Corp., Non-Profit, etc.) _____

OWNER PHONE #: _____

OWNER EMAIL: _____

3. **PREVIOUS TENANT (if applicable):** _____

4. **IF BUSINESS IS A CORPORATION:**

PRESIDENT: _____

CORPORATE HEADQUARTERS ADDRESS : _____

CORPORATE TELEPHONE #: _____

5. **LANDLORD/OWNER OF BUILDING:** _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

6. **FACILITIES MANAGER / RESPONSIBLE PARTY FOR THIS BUSINESS, IF DIFF THAN #1**

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

7. **BILLING/BUSINESS MAILING ADDRESS, IF DIFFERENT THAN #1**

BILLING NAME: _____

BILLING ADDRESS, CITY, STATE: _____

BILLING PHONE: _____

8. **LIST UP TO TWO 24/7 EMERGENCY CONTACT PERSONS (KEPT CONFIDENTIAL)**

NAME: _____ NAME: _____

CELL PHONE: _____ CELL PHONE: _____

9. **DESCRIBE BRIEFLY ANY FLAMMABLE, COMBUSTIBLE LIQUIDS OR HAZARDOUS MATERIALS AND CHEMICALS HANDLED OR STORED:**

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.

SIGNATURE OF OWNER OR REPRESENTATIVE: _____

PRINTED NAME OF OWNER OR REPRESENTATIVE: _____