



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
_____	_____	( ) - _____	( ) - _____	_____
_____	_____	( ) - _____	( ) - _____	_____
_____	_____	( ) - _____	( ) - _____	_____