



Email form to [SYSTEMREPORTS@HOPEWELLTWPFIRE.ORG](mailto:SYSTEMREPORTS@HOPEWELLTWPFIRE.ORG) (or) Fax to 609-730-1563

**Business Registration Form**

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

**Area (in Sq. Feet)**

Total Sq.Ft:	Building:	Basement:	Total:
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**SD Battery:**  Yes  No Location: \_\_\_\_\_  
**Alarms**  Yes  No  
**SD Hard Wired:**  Yes  No Location: \_\_\_\_\_  
 Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Heat Detectors:**  Yes  No Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Manual Pull:**  Yes  No Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Sprinklers**  Yes  No  N/A  Full  Partial  Basement  Spray Booth

Sprinkler type:  Wet  Dry  Wet/Dry  Anti Freeze  Deluge

FDC Connection:  Yes Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ BackFlow Preventor:  Yes

Maint. Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Other Systems** Location: \_\_\_\_\_

**Permits** (Add additional sheets if needed)

Permit#	Permit Type	Issue Date	Expiration Date	Annual?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

**Hazmat** (Add additional sheets if needed)

CAS#	Chemical Name	Capacity	Activate Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Information**

<b>Completed By:</b> _____	<b>Signature:</b> _____	<b>Date Completed:</b> _____
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