

Washington Township Fire District  
Bureau of Fire Prevention

PO Box 8176  
Turnersville, NJ 08012  
(856) 589-1889 – Fax (856) 589-0239

**Local Business Registration Form**

Business Information

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Shopping Complex Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Nearest Cross Street: \_\_\_\_\_

Business Owner Information

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Federal I.D. #: \_\_\_\_\_  
Type of Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Building Owner Information

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Federal I.D. #: \_\_\_\_\_

Emergency Information

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address For Correspondence

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Manager's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**Local Business Registration Form – Continued**

Other General Business/Building Information

Business Hours: \_\_\_\_\_

Give a Brief Description of Your Business: \_\_\_\_\_

Do you own the building or are you a tenant?: \_\_\_\_\_

How many stories is the building?: \_\_\_\_\_ 1 Story \_\_\_\_\_ 2 Stories \_\_\_\_\_ 3 Stories

Type of Building Construction: \_\_\_\_\_ Year Constructed: \_\_\_\_\_

Total Square Feet occupied by this business: \_\_\_\_\_

Certificate Of Occupancy Issued? \_\_\_\_\_ Yes \_\_\_\_\_ No Year Issued \_\_\_\_\_

Is there a Fire Alarm in the building?: \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of Fire Alarm System?: \_\_\_\_\_ Automatic \_\_\_\_\_ Manual

Does the building have Sprinklers?: \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of Sprinklers?: \_\_\_\_\_ Full Automatic \_\_\_\_\_ Limited Area Only  
\_\_\_\_\_ Range/Cooking Area Only

Does an Alarm Co. monitor the protection/detection equipment?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Who occupied the building before current user?: \_\_\_\_\_

Any other additional comments: \_\_\_\_\_

**\*All information is required to be completed unless deemed to not be applicable\***

Signature of Person Completing Form: \_\_\_\_\_

Email Address for Correspondence: \_\_\_\_\_

Bureau of Fire Prevention Use Only

Freq \_\_\_\_\_ Dept. Local \_\_\_\_\_ Life Hazard \_\_\_\_\_ Local \_\_\_\_\_ Use Group \_\_\_\_\_