

**Town of Hammonton
Bureau of Fire Prevention**

**100 Central Avenue
Hammonton, NJ 08037
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Dear Business Owner,

This is an application to register your business with the Bureau. Please fill it out completely and return it to our office. You can mail it in or hand deliver it to the Construction Office, (2nd floor to of stairs). Once received, our office will schedule an appointment to come out and begin performing your annual fire inspection.

Thank you,

Michael Ruberton
Fire Official,
Town of Hammonton

APPLICATION FOR REGISTRATION OF A BUSINESS

The Uniform Fire Code States:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the local enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within (30) days of receipt. 19A13.2

.....
This area for Official Use Only

Local I.D. #: _____ State I. D. #: _____ Date Registered: _____
.....

Business Name: _____

Business Address: _____

_____ Phone: _____

Block: _____ Lot: _____ Federal I.D. Number: _____

Email: _____

Do you... OWN or LEASE the property: (circle one)

Business Owner's Name: _____

Address: _____

_____ Phone: _____

Email: _____

Business Type: Individual _____ Partnership _____ Corporation _____
LLC _____ Other _____

Managing Agent: _____ Phone: _____

Building Owner's Name: _____

Address: _____

_____ Phone: _____

Building Owner's Federal I.D. Number: _____

Email: _____

Emergency Contacts:

#1: _____ Phone _____

#2: _____ Phone _____

#3: _____ Phone _____

Please indicate where all correspondence is to be sent to:

Property: _____ Building Owner: _____ Business Owner: _____ Mgr/ Agent: _____

Alarm / Suppression System Information:

Detection System: Yes / No (circle one) If Yes is it monitored? Yes / No (circle one)

If Yes Name of Monitoring Company: _____
Phone: _____

Hard Wired Alarm System: _____ Smoke Detectors: _____ Heat Detectors: _____

Battery Operated Smoke Detectors: _____

Suppression (Sprinkler) System Yes / No (circle one) If Yes is it monitored? Yes / No (circle one)

If Yes Name of Monitoring Company: _____
Phone: _____

Standpipe System: Yes / No (circle one) F.D. Connection Yes / No (circle one)

Building Information:

Number of Stories: _____ Length: _____ Width: _____ Height: _____

Total Sqft: _____ Attic: Yes / No (circle one) Basement Yes / No (circle one)

Description of the use / occupancy of the building / business: _____

Is there a KNOX BOX on the premises: Yes / No (circle one) If No, Would you be interested in information on one? Yes / No (circle one)

I hereby acknowledge that I have read and understood this application, that the information given is correct, that I am the owner or duly authorized to act in the owner's behalf, and as such hereby agree to comply with the applicable requirements of the UNIFORM FIRE SAFETY ACT as well as any SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Print Name: _____ Signature: _____

Title: _____ Date: _____