



City of Summit Fire Department  
Bureau of Fire Prevention  
281 Broad Street  
Summit NJ 07901

**APPLICATION FOR REGISTRATION OF BUSINESS**  
**(please print or type all information)**

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 thirty (30) days of receipt. 19A13.2

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This area office use only

Local ID # : \_\_\_\_\_ State ID #: \_\_\_\_\_ Date Registered: \_\_\_\_\_

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Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

Do you... OWN ☐ or LEASE ☐ the property ?

Building Owner's Name: \_\_\_\_\_  
Federal I.D. Number: \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Owner's Name: \_\_\_\_\_  
Federal I.D. Number: \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Type: Individual ☐ Partnership ☐ Corporation ☐ Other ☐

Emergency Contacts:  
# 1: \_\_\_\_\_ Phone # \_\_\_\_\_  
# 2: \_\_\_\_\_ Phone # \_\_\_\_\_  
# 3: \_\_\_\_\_ Phone # \_\_\_\_\_

Please note where all mail, actions, orders or notices are to be sent.

\_\_\_\_\_  
\_\_\_\_\_

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	This area office use only	
Local ID # : _____	State ID #: _____	Date Registered: _____

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Alarm/Suppression System Information:

Describe System: \_\_\_\_\_

Monitoring Co. Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Description of use/occupancy of this building/business:  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby acknowledge that I have read 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 application requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official.**

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Print Name	Signature
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Title	Date