



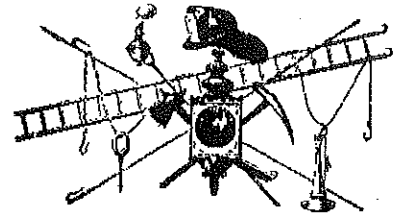
# PITMAN FIRE DEPARTMENT BUREAU OF FIRE SAFETY

DEPARTMENT OF PUBLIC SAFETY

110 S. BROADWAY, PITMAN, NEW JERSEY 08071

Phone: 856-589-2433 • Fax: 856-589-6833

www.Pitman.org



Office Use Only

DATE: \_\_\_\_\_

Reg. # \_\_\_\_\_

Reg. Date \_\_\_\_\_

Insp. \_\_\_\_\_

- > REGISTRATION INFORMATION - PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED.
- > COMPLETE ONE REGISTRATION FORM FOR ALL BUSINESSES AT THE SAME LOCATION WITH THE SAME STREET ADDRESS

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUITE OR ROOM NUMBER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

DESCRIBE BRIEFLY THE BUSINESS YOU ARE REGISTERING: \_\_\_\_\_

SQUARE FOOTAGE OF BUSINESS: \_\_\_\_\_

THE FIRE DEPARTMENT REQUIRES TWO CONTACTS FOR ANY EMERGENCIES AFTER BUSINESS HOURS:

EMERGENCY CONTACT #1: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

EMERGENCY CONTACT #2: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

BILLING/MAILING ADDRESS IF DIFFERENT FROM THE BUSINESS ADDRESS AS LISTED:

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.

Signature of Owner or Representative: \_\_\_\_\_

Printed Name of Owner or Representative: \_\_\_\_\_