



**Township of Pennsauken
Fire Department**

Office of the Fire Marshal

2215 Merchantville Avenue
Pennsauken, NJ 08110
856-665-0774

Business Registration Form

Please type or print all information

Property Address: _____		
Name of Business: _____	Square Feet: _____	
Business Phone: _____	EIN: _____	Year Building Built _____
Property Owner: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Office Phone: (____) _____	Cell Phone: (____) _____	
Email Address: _____		
Emergency Contacts: Name _____	Phone # (____) _____	
Business Owner: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Office Phone: (____) _____	Cell Phone: (____) _____	
Email: _____		
Emergency Contacts: Name _____	Phone # (____) _____	

THIS SECTION MUST BE COMPLETED

Please indicate where you wish <u>REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES</u> to be sent :	
Name: _____	Cell Phone: (____) _____
Address: _____	City/State/Zip: _____
Email: _____	
_____ Signature of Applicant	_____ Date
<i>By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.</i>	