



City of Plainfield
Fire Department



Deputy Chief Joseph Franklin
joseph.franklin@plainfieldnj.gov

Bureau of Fire Prevention
315 Central Ave
Plainfield, New Jersey 07060
(908) 753-3446

Fire Official Taheem Muslim
taheem.muslim@plainfieldnj.gov

BUSINESS REGISTRATION APPLICATION

The owner of all business, occupancies, buildings, structures or premises required to be inspected under Section 5:70-2.6 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.

BUSINESS/BUILDING NAME:

ADDRESS OF PROPERTY: BLOCK/LOT:

PLAINFIELD, NEW JERSEY 07060

PREMISES PHONE:

BUSINESS TYPE: Individual Partnership Corporation Other
Government Cooperative Condominium LLC

DESCRIPTION OF BUSINESS OPERATION:

BUILDING OWNER'S NAME:

HOME ADDRESS:

FEDERAL TAX I.D. # CELL PHONE # E-MAIL:

BUSINESS OWNER'S NAME:

HOME ADDRESS:

FEDERAL TAX I.D. # CELL PHONE # E-MAIL:

MANAGER/AGENT'S NAME:

ADDRESS:

CELL PHONE # E-MAIL:

Please indicate where notices are to be sent to: 1-Property 2-Building Owner 3-Business Owner 4-Mgr/Agent

EMERGENCY CONTACTS (exclude self)

CONTACT 1: PHONE #
CONTACT 2: PHONE #
CONTACT 3: PHONE #

I do hereby certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment.

Signature of Owner or Agent completing this form Print Name Title

For Office Use Only

Date Registered Local ID# State ID# LHU: Yes No