**BOROUGH OF NORTH PLAINFIELD**
**Department of Fire Prevention and Protection**
**8 Lincoln Place, North Plainfield, NJ 07060**
**908 769-2935 – Fax: 908 769-2943**

# NEW BUSINESS REGISTRATION - (Non LHU)

**1. Business or Ownership** **Date of Registration:** _____

☐ Corporation ☐ Private/Individual ☐ Partnership ☐ Condominium
☐ Cooperative ☐ Government Agency ☐ LLC Corporation

**2. Business Ownership Mailing Address**

Name (Required - CEO if Corporation)_____

_____

Street and/or P.O.Box Suite/Apt. City State Zip Code

Telephone: _____ Fax:_____ After Hours:_____

Email Address (Required):_____

## BUSINESS LOCATION INFORMATION

**1. Name ofBusiness/Occupancy:**_____

_____

Street and/or P.O. Box Suite/Apt. City State Zip Code

Telephone: _____ Fax:_____ Email:_____

Emergency Contact (Key Holder):_____

_____

Street and/or P.O.Box Suite/Apt. City State Zip Code

Work Phone:_____ Fax:_____ After Hours:_____

Brief Description of Business:_____

_____

## FIRE DEPARTMENT USE ONLY

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