



Monroe Township
125 Virginia Avenue Williamstown, NJ 08094
BUREAU OF FIRE PREVENTION



Local Business Registration

Business Information

Business Name: _____ Phone #: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____

Business Owner Information

Owner's Name: _____ Phone #: _____
Address: _____ Suite #: _____
City: _____ State _____ Zip Code: _____
Federal I.D #: _____
Type of Ownership: _____ Corporation _____ Partnership _____ Individual

Building Owner Information

Owner's Name: _____ Phone #: _____
Address: _____ Suite #: _____
City: _____ State _____ Zip Code: _____
Federal I.D #: _____

Emergency Contact

Contact Person: _____ Phone #: _____
Contact Person: _____ Phone #: _____
Contact Person: _____ Phone #: _____



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Local Business Registration

Name: _____ Phone #: _____
 Address: _____ Suite #: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____
 Manager's Name: _____ Phone #: _____

General Business/Building Information

Business Hours: _____
 Brief description of your business: _____
 How many stories is the building?: _____
 Year building was constructed: _____
 Total square feet occupied by this business: _____
 Is there a fire alarm in the building?: _____ Yes _____ No
 Does the building have sprinklers?: _____ Yes _____ No
 Does an alarm company monitor the protection/detection system?: _____ Yes _____ No
 Alarm Company Name: _____ Phone #: _____
 Is there a Knox box for the building?: _____ Yes _____ No _____ Location
 Any additional comments: _____

All information is required to be completed

Signature of person completing form: _____

Pursuant to the N.J. Uniform Fire Code, you are hereby requested to supply the information listed below within 30 days of receipt of this application.

Failure to respond to this registration survey within thirty (30) days can result in a penalty up to \$500.00 for each occurrence.

Please Email Form to Fireprevention@Monroetownshipnj.org