



**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): \_\_\_\_\_

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### BUSINESS LOCATION INFORMATION

#### 1. Name of Business/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: \_\_\_\_\_

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### FIRE DEPARTMENT USE ONLY