STATE OF NEW JERSEY

LIFE-HAZARD USE

REGISTRATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

Date Business Opened: _____

OWNERSHIP INFORMATION

1. **Ownership Type:**

   ☐ Individual/Sole Proprietorship ☐ Corporation ☐ LLC

2. **For Individual/Sole Proprietorship:**

   First Name: _____ Last Name: _____

   Address: _____

   Phone Contact: _____

   Email Address: _____

3. **For Other Types of Ownership:**

   Organization Name: _____

   Mailing Address: _____

   Phone Number: _____

   Email Address: _____

   Business Phone: _____

   Job Title: _____

   First Name: _____ Last Name: _____

   Address: _____

   Phone Contact: _____

4. **Federal Employer ID Number:** _____

5. **Registered Agent Same as Owner?** ☐ Yes ☐ No

6. **If you answered NO to Question 5:**

   Agent First Name: _____ **Last Name:** _____

   Address: _____

   Phone Contact: _____

   Email Address: _____

7. **Property Ownership Contact:**

   First Name: _____ **Last Name:** _____

   Address: _____

   Phone Contact: _____

   Job Title: _____

   Email Address: _____

8. **Emergency Contact:**

   First Name: _____ **Last Name:** _____

   Address: _____

   Phone Contact: _____

   Job Title: _____

   Email Address: _____