BOROUGH of ROSELAND

300 Eagle Rock Avenue, Roseland, NJ 07068
www.roselandnj.org
MAYOR **JAMES R. SPANGO**

Fire Prevention Bureau
Telephone: (973) 226-0512
FirePrevention@RoselandNJ.org

Business Registration Form

In order to best serve the business and property owners in the event of an emergency after normal business hours, all information below is considered **vital and must be completed**.

Please return this form by email or mail to: Roseland Fire Prevention, 300 Eagle Rock Ave., Roseland NJ 07068

BUSINESS:
Name: _____
Address: _____
Email: _____
Phone: _____

BUSINESS OWNER:
Name: _____
Home Address: _____
Personal Email: _____
Cell: _____

Business Mailing Address: _____
Days/Hours of Operation: _____

EMERGENCY CONTACT FOR BUSINESS:
Notify First: _____ - Phone: _____
Notify Second: _____ - Phone: _____
Notify Third: _____ - Phone: _____

BUILDING OWNER:
Name: _____
Home Address: _____
Cell: _____
Email: _____

PROPERTY MANAGER:
Name: _____
Address: _____
Cell: _____
Email: _____

BUSINESS UNIT:

Square Footage: _____ **No. of Stories:** _____ **Attic:** ☐ Yes ☐ No
Basement: ☐ Yes ☐ No **Square Footage of Basement:** _____
Knox Box: ☐ Yes ☐ No **Roof Truss Sign:** ☐ Yes ☐ No
Number of Exits per Floor: _____ **Electrical System:** ☐ Circuit Breakers **OR** ☐ Fuses
Heat: ☐ Gas ☐ Electric ☐ Oil ☐ Wood / Pellet Stove
Heat Type: ☐ Hot Air ☐ Baseboard ☐ Steam ☐ Radiator ☐ Water Radiant ☐ Electric Radiant
Suppression System: ☐ Yes ☐ No **Sprinkler System:** ☐ Yes ☐ No
Fire Alarm System: ☐ Yes ☐ No ☐ Battery **OR** ☐ Hard Wired ☐ Local **OR** ☐ Monitored
Monitoring Company: _____ **Monitoring Co. Phone:** _____

I hereby swear and affirm that all statements made by me in this registration form are true. I am aware that if any of the foregoing statements made by me herein are willfully false, that I may be subject to a penalty or fine.

_____ _____ _____
Affiant Name *Affiant Signature* *Date*