



HAMILTON FIRE DEPARTMENT

Fire Prevention Bureau

200 Mercer St

Hamilton, N.J. 08690

609-890-6927 Office 609-587-9030 Fax

The New Jersey Fire Prevention Code N.J.A.C. 5:70-2.6. **REQUIRES THAT EVERY PERSON OR BUSINESS THAT IS SENT A REGISTRATION APPLICATION MUST RETURN SAME WITHIN (15) DAYS.** SUCH APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. FAILURE TO FILE SAID APPLICATION WOULD RESULT IN MONETARY PENALTY.

The State of New Jersey Division of Fire Safety has instituted a new computer program and **REQUIRES** an email address so that correspondence can be emailed to you. If you do not have an email address you are urged to sign up for a free email address such as: Yahoo, Gmail, or AOL. For more info on RIMS see <http://www.state.nj.us/dca/divisions/dfs/>

Business Name:			
Business address:			
Town/City	State	Zip Code	Telephone
Do you want billing notices: Emailed / Mailed circle one		Billing Contact Mailing Address	
Business Owner Contact Name:		Business Owner Email Address:	
Federal Tax ID #			
Property Owner's Name		Property Owner's Mailing Address	
Town/City	State	Zip Code	Telephone
Property Owner's Email address:			

Please complete both sides of this paperwork and submit to the address or fax number at the top of the page. If you need assistance please call the number on top.
Please write **neatly** and **legible**.

Emergency Contact Info:

1. Name: _____

Phone: _____

Email Address: _____

2. Name: _____

Phone: _____

Email Address: _____

3. Name: _____

Phone: _____

Email Address: _____

4. Name: _____

Phone: _____

Email Address: _____

Building Info:

Square Feet of Space: _____ Occupant Load: _____

What is your business: _____

FOR BUREAU USE ONLY

SYSTEM ID # _____ REGISTRATION # _____

DATE RECVD: _____ USE GROUP: _____ LHU: _____