



TOWNSHIP OF EDISON

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE
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M.E.

RIMS

BUSINESS REGISTRATION FORM

Business Name & Address:

Address to Receive Mail:

Telephone: _____

SQ.FT. OF AREA OCCUPIED BY BUSINESS

_____ (must be filled in)

Describe what type of Business: _____

Building Owner & Address: _____

Telephone: _____ Email: _____

Business Owner & Address: _____

Telephone: _____ Email: _____

Type of Ownership: Corporation LLC Corporation Private/Individual

Cooperative Partnership Government Agency

Emergency Contact #1

Emergency Contact #2

Name: _____

Name: _____

Phone/Cell: _____

Phone/Cell: _____

Agent: (i.e. corporation, property manager)

Name & Address: _____ Telephone: _____

I certify that the above information is correct and true:

Name: _____

Date: _____

(Please print)