



Swedesboro Fire Bureau
1500 Kings Hwy.
Swedesboro, NJ 08085
(856) 467-0202

Business Registration Form

Pursuant to the N.J. Uniform Fire Code, as adopted by the Borough of Swedesboro creating the **SWEDESBORO FIRE BUREAU**, we are reviewing the Registered Business Listings.

Please provide the updated information listed below and Return this Registration Form via E-Mail to : **FM@swedesboro-nj.us**
or Mail to : **SWEDESBORO FIRE BUREAU, 1500 KINGS HWY., SWEDESBORO, NJ 08085.**

Business Details

Business Name:	Business Phone#:	() -
Business Address:	Business Address2:	Suite, Unit, Floor, eg., Suite 1
E.g., 502 Pleasant Valley Ave		
Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Condominium	
Type of Business:	Hours of Operation:	

Business Owner

Owner Name:	<input type="checkbox"/> Owned by Corporation <input type="checkbox"/> Individual	
Corporate Name or if individual then First Last and Middle Name		
Owner Address:	Owner Address2:	Suite, Apt, Floor, eg., Apt 1
Corporate or Residence address, eg., 100 Main st		
Owner City:	State:	Zip:
Owner Phone:	() -	Owner Mobile Phone#: () -
Email Address:	<input type="checkbox"/> Include in Emergency Contact List. If Yes, Contact Seq#	

Building Owner ☐ Check if Building Owner is same as Business Owner(If different, complete the section below)

Owner Name:	<input type="checkbox"/> Owned by Corporation <input type="checkbox"/> Individual	
Corporate Name or if individual then First Last and Middle Name		
Owner Address:	Owner Address2:	Suite, Apt, Floor, eg., Apt 1
Corporate or Residence address, eg., 100 Main st		
Owner City:	State:	Zip:
Owner Phone:	() -	Owner Mobile Phone#: () -
Email Address:	<input type="checkbox"/> Include in Emergency Contact List. If Yes, Contact Seq#	

Agent/Manager ☐ Check if Agent is same as Business Owner(If different, complete the section below)

Agent Name:	Agent Title:	
First Last and Middle Name		
Agent Address:	Agent Address2:	Suite, Apt, Floor, eg., Apt 1
Residence address, eg., 100 Main st		
Agent City:	State:	Zip:
Agent Phone:	() -	Agent Mobile Phone#: () -
Email Address:	<input type="checkbox"/> Include in Emergency Contact List. If Yes, Contact Seq#	

Emergency Contacts (In addition to what is listed as Emergency Contacts Above)

Contact Order	Name (First Last and Middle Name)	Phone#	Alt Phone#	Email Address
		() -	() -	
		() -	() -	
		() -	() -	