



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: _____
E.g., 502 Pleasant Valley Ave Suite, Unit, Floor, eg., Suite 1

Type of Ownership: Corporation LLC Partnership Condominium

Type of Business: _____

Hours of Operation: _____

Business Owner

Owner Name: _____ Owned by Corporation Individual
Corporate Name or if individual then First Last and Middle Name

Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Owner City: _____ State: _____ Zip: _____

Owner Phone: () - _____ Owner Mobile Phone#: () - _____

Email Address: _____ 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: _____ Owned by Corporation Individual
Corporate Name or if individual then First Last and Middle Name

Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Owner City: _____ State: _____ Zip: _____

Owner Phone: () - _____ Owner Mobile Phone#: () - _____

Email Address: _____ 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: _____
Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Agent City: _____ State: _____ Zip: _____

Agent Phone: () - _____ Agent Mobile Phone#: () - _____

Email Address: _____ 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
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____