



Bureau of Fire Prevention
Harrison Township Fire District #1
312 Ewan Road
Mullica Hill NJ, 08062
Email: mark@htfd23.com
Phone 856-478-0423



Local Business Registration Form

Business Information

Business Name: _____ Phone #: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____

Business Owner Information

Owner's Name: _____ Phone #: _____
Address: _____ Suite #: _____
City: _____ State _____ Zip Code: _____
Federal I.D #: _____
Type of Ownership: _____ Corporation _____ Partnership _____ Individual

Building Owner Information

Owner's Name: _____ Phone #: _____
Address: _____ Suite #: _____
City: _____ State _____ Zip Code: _____
Federal I.D #: _____

Emergency Contact

Contact Person: _____ Phone #: _____
Contact Person: _____ Phone #: _____
Contact Person: _____ Phone #: _____

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Mullica Hill, NJ 08062

Mailing Address for Correspondence

Name: _____ Phone #: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Manager's Name: _____ Phone #: _____

General Business/Building Information

Business Hours: _____
Brief description of your business: _____
How many stories is the building?: _____
Year building was constructed: _____
Total square feet occupied by this business: _____
Is there a fire alarm in the building?: _____ Yes _____ No
Does the building have sprinklers?: _____ Yes _____ No
Does an alarm company monitor the protection/detection system?: _____ Yes _____ No
Alarm Company Name: _____ Phone #: _____
Is there a Knox box for the building?: _____ Yes _____ No _____ Location
Any additional comments: _____

All information is required to be completed

Signature of person completing form: _____

Pursuant to the N.J. Uniform Fire Code, you are hereby requested to supply the information listed below within 30 days of receipt of this application.

Failure to respond to this registration survey within thirty (30) days can result in a penalty up to \$500.00 for each occurrence.