



**Township of Maple Shade
Fire Department**

Office of the Fire Marshal

200 Stiles Avenue
Maple Shade, NJ 08052
856-779-9610

Business Registration Form

Please type or print all information

Property Address: _____		
Name of Business: _____	Square Feet: _____	
Business Phone: _____	EIN: _____	Year Building Built _____
Property Owner: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Office Phone: () _____	Cell Phone: () _____	
Email Address: _____		
Emergency Contacts: Name _____	Phone # () _____	
Business Owner: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Office Phone: () _____	Cell Phone: () _____	
Email: _____		
Emergency Contacts: Name _____	Phone # () _____	

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent:	
Name: _____	Cell Phone: () _____
Address: _____	City/State/Zip: _____
Email: _____	
_____	_____
Signature of Applicant	Date
<i>By signing this application, I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.</i>	