



Township of Maple Shade

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

By signing this application, I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.