

For Office Use Only:

Local ID #: _____

State ID #: _____

Date Registered: _____



BOROUGH OF OAKLAND
CODE ENFORCEMENT OFFICE

UPDATE INFORMATION FOR REGISTRATION OF BUSINESS - 2023

Please print or type all information and send back to the below street address or a scanned copy to fireassistant@oakland-nj.org

****PLEASE FILL OUT ENTIRE APPLICATION TO THE BEST OF YOUR ABILITY – APPLICATION CONTINUES TO BACK****

Business Name: _____

Business Street Address: _____

Unit Number (if applicable): _____ Phone: _____

Email: _____ Hours of operation: _____

Business Information

Business Owner's Name: _____

Federal ID Number: _____ Phone (if different from above): _____

Business Billing Address (If different from physical address): _____

Business Type: (Please circle the below)

Individual Partnership Corporation Government Cooperative Condominium LLC Other

Emergency Contacts (Please provide at least 1 name and number):

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Building Owner Information

Do you **OWN** or **LEASE** the property (Please Circle one)

Building Owner's Name: _____

Building Owner's Federal ID Number: _____

Building Owner's Phone Number: _____

Building Owner's Email: _____

Street Address (If different from above): _____

Building Information

***Please note if leasing office space please give square footage of space being leased.**

Square footage of building: _____ Square footage of space being leased: _____

Number of Stories: _____

****PLEASE CIRCLE ONE FOR EACH OF THE BELOW****

Basement: **Yes** or **No** Attic: **Yes** or **No** Elevator: **Yes** or **No** Generator: **Yes** or **No** Roof Access: **Yes** or **No**

Knox Box: **Yes** or **No** If YES location of box: _____

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1 MUNICIPAL PLAZA OAKLAND, NEW JERSEY 07436

Mr. Denny Knubel – Acting Fire Official

Phone (201) 337-8111 Ext. 2025 Fax: (201) 337-9212 Email: fireassistant@oakland-nj.org

****PLEASE FILL OUT ALL OF THE BELOW TO THE BEST OF YOUR ABILITY****

Heating System

Fuel Type: Please circle all that apply

Oil Gas Electric Other: _____

Please provide location of shut off: _____

Type of System: Please circle all that apply

Hot Water Hot Air Steam Other: _____

Security/Alarm System Information:

System Company Name: _____

System Company Address: _____

System Company Phone Number: _____

System Company Email: _____

Fire Detection System:

System Description: _____

Company Name: _____

Company Address: _____

Company Phone Number: _____

Sprinkler System:

Is there a sprinkler system: (Please circle one)

YES or NO

If Yes please provide the below information:

Sprinkler System Company: _____

Sprinkler System Company Phone: _____

Sprinkler System Email: _____

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I hereby acknowledge that I have read this application, that the information given is correct, that I am the owner or duly authorized to act in the owner's behalf, and as such hereby agree to comply with the applicable requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official.

**The Uniform Fire Code States:**

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a **VIOLATION** of this ordinance for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date