

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 P	Pleasant Valley	Ave				Su	ite, Ur	nit, Flo	or, eg., Suite 1
Type of Ownership:	: 🗆 Corpora	ation 🗆 LLC	☐ Partner	ship 🗆 Co	ondominium					
Type of Business:										
						Hours of Operation				
						_				
D										
Business Owner										Yama Y
Owner Name:	C		-146 =: -	1	: J.II NI	☐ Owned by Corpor	ation		Indivi	dual
Owner Address:	Corporate Nam	ne or if individu	ai then First	Last and M	iddle Name	Owner Address:				
Owner Address:	Cornorate or D	Residence addre	es en inn	Main et		Owner Address2:	Suite	Δn+ E	Floor	eg., Apt 1
Owner City:	corporate of K	esidence addre	.33, Eg., 100	main st	State:		Zip:	Whr' I	1001,	.g., Apt 1
Owner Phone:	()	_				Mobile Phone#:	()		
Email Address:	<u> </u>					de in Emergency Cor	ntact L	' ist. If	Yes,	Contact Sea#
	☐ Check if Bu	ildina Owner	is same as	Business		ent, complete the se				mortification 5 St Suff W
Owner Name:	_ Check ii bu	g Owner	.s same as	Dasiness	C.mcr(II dille	☐ Owned by Corpor		20) Individ	lual
o.mor numer	Corporate Nam	ne or if individu	al then First	Last and M	iddle Name	_ comea by corpor	GC1011		aivit	- GG
Owner Address:						Owner Address2:				
	Corporate or R	esidence addre	ss, eg., 100	Main st		- NAME OF STATE OF ST	Suite,	Apt, F	loor, e	g., Apt 1
Owner City:					State:		Zip:			
Owner Phone:	()	.=			Owner	Mobile Phone#:	()	-	
Email Address:					□ Inclu	de in Emergency Cor	ntact L	ist. If	Yes,	Contact Seq#
	☐ Check if Age	ent is same a	s Business	Owner(If		de in Emergency Cor plete the section belo		ist. If	Yes,	Contact Seq#
Agent/Manager [☐ Check if Age	ent is same a	s Business	Owner(If				ist. If	Yes,	Contact Seq#
Email Address: Agent/Manager [Agent Name:	☐ Check if Age		s Business	Owner(If		plete the section belo		ist. If	Yes,	Contact Seq#
Agent/Manager [s Business	Owner(If		plete the section belo		ist. If	Yes,	Contact Seq#
Agent/Manager [Agent Name:		Middle Name		Owner(If		plete the section belo Agent Title:	w)			Contact Seq#
Agent/Manager [Agent Name:	First Last and N	Middle Name		Owner(If		plete the section belo Agent Title:	w)			
Agent/Manager [Agent Name: Agent Address:	First Last and N	Middle Name		Owner(If	different, comp	plete the section belo Agent Title:	w) Suite,			
Agent/Manager [Agent Name: Agent Address: Agent City:	First Last and N	Middle Name		Owner(If	different, comp State: Agent N	olete the section belo Agent Title: Agent Address2:	Suite, Zip:	Apt, F	loor, e	g., Apt 1
Agent/Manager [Agent Name: Agent Address: Agent City: Agent Phone:	First Last and Management Residence addr	Middle Name ress, eg., 100 N	⁄lain st		State: Agent N	Agent Title: Agent Address2: Mobile Phone#: de in Emergency Cor	Suite, Zip:	Apt, F	loor, e	g., Apt 1
Agent/Manager [Agent Name: Agent Address: Agent City: Agent Phone: Email Address:	First Last and Mesidence address:	Middle Name ress, eg., 100 N - on to what is	Aain st		State: Agent N	Agent Title: Agent Address2: Mobile Phone#: de in Emergency Cor	Suite, Zip:	Apt, F	loor, e	g., Apt 1
Agent/Manager [Agent Name: Agent Address: Agent City: Agent Phone: Email Address: Emergency Conta	First Last and Mesidence address:	Middle Name ress, eg., 100 N - on to what is	Aain st	mergency	State: Agent N	Agent Title: Agent Address2: Mobile Phone#: de in Emergency Core)	Suite, Zip:	Apt, F	loor, e	g., Apt 1 Contact Seq#
Agent/Manager [Agent Name: Agent Address: Agent City: Agent Phone: Email Address: Emergency Conta	First Last and Mesidence address:	Middle Name ress, eg., 100 N - on to what is	Aain st	mergency Phone#	State: Agent N	Agent Title: Agent Address2: Mobile Phone#: de in Emergency Core)	Suite, Zip:	Apt, F	loor, e	g., Apt 1 Contact Seq#

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