



Business Registration Form

Please type or print all information

Property Address: _____	
Name of Business: _____	Square Feet: _____
Business Phone: _____	EIN: _____ Year Building Built _____
Business Description: _____ Industry Category: _____	
Industry Category Choices – • Agriculture • Construction • Entertainment & Media • Finance & Insurance • Hospitality & Tourism • Manufacturing • Real Estate • Retail • Service • Technology • Other	
Property Owner: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Office Phone: _____	Cell Phone: _____
Email Address: _____	
Emergency Contact Name: _____	Phone # _____
Email Address: _____	
Business Owner: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Office Phone: _____	Cell Phone: _____
Email Address: _____	
Emergency Contact Name: _____	Phone # _____
Email Address: _____	

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent :	
Name: _____	Cell Phone: _____
Address: _____	
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>	