



CRANFORD FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION & RISK MANAGEMENT
7 SPRINGFIELD AVE, CRANFORD, NJ 07016
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WWW.CRANFORDNJ.ORG

Business Information Update/Registration Form

Select: ☐ New Business Registration ☐ Existing Business Information Update

Business Name: _____ Date: _____
Square Footage: _____

Business Owner: _____

Business Location: _____

Business Owner Address: _____

Business Phone #: _____

Business Owner Phone #: _____

Business Owner E-mail: _____

Type of Business: _____

Business/Building Emergency Contacts: (Reachable after hours in case of emergency)

1) Name _____ Phone # _____

2) Name _____ Phone # _____

3) Name _____ Phone # _____

Building Owner: _____

Building Owner Address: _____

Building Owner Phone #: _____

BUSINESS/BUILDING INFORMATION:

Are Hazardous Materials Used or Stored on-site? ☐ YES* ☐ NO

*If yes, please provide details.

Is commercial cooking equipment used on-site? ☐ YES ☐ NO

Fire Service Key (Knox) Box: ☐ YES ☐ NO If yes – are keys updated and functional? ☐ YES ☐ NO

Fire Detection (smoke/heat detection): ☐ YES ☐ NO **Sprinklers:** ☐ YES ☐ NO

Revision: 01.26.2022

Please mail or fax completed forms to the above address/fax number or e-mail to
Firehouse@CranfordNJ.org or M-Lubin@CranfordNJ.org