

Fire Safety License Application

Applicant Information

Full Name

Organization Name

Address

Phone

Email

Application Date

Premises Details

Premises Address

Type of Premises

Floor Area (sq. m.)

Number of Occupants

Purpose of Use

Fire Safety Provisions

List of Fire Safety Measures Installed

Additional Remarks

Declaration

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I hereby declare that the information provided above is true and correct to the best of my knowledge.

Applicant's Signature

Date