

Municipal Building 135 Haddon Ave Haddon Township, NJ 08108 P: (856) 854-1176

F: (856)854-8773

BUSINESS LICENSE APPLICATION

	RENEWALTEMP/SEASONAL				
Da	te Applied:				
1.	Name of Business:				
	DBA:				
	Business Address:				
	Business Telephone:				
	Business Email:				
	Business Website:				
	Owner's Cell Phone:				
	Owner's SS# or Business EIN #:				
	Owner's Driver's License #: Owner's Date of Birth:				
2.	The name and address of all shareholders, members, partners, directors, officers and registered agent(s) of the applicant:				
	If any shareholder, member, partner or registered agent is itself a business entity of any kind, the applicant also must provide the name and address of all shareholders, members, partners, directors and registered agents of same:				
3.	Type of Business: Description of proposed business activities:				
	Hours of Operation:				
	Address where business will operate if different from above:				

4. DATA REQUIRED TO BE PRESENTED WITH APPLICATION EVERY YEAR

The following documentation <u>must</u> be supplied with the application every year or the application will not be processed:

- a. Valid State issued Driver's License with photograph or other valid Government-issued Identification with photograph.
- b. Proof of authorization to conduct business within the State of New Jersey (A copy of a valid business registration certificate issued by the New Jersey Division of Revenue.)
- c. A valid certificate of insurance.

	e. I am aware t	hat if any of the	e forego	foregoing information is true to the bing information is knowingly false ond/or revocation.
Applicant's Signature			_	Date
FEES:				
New Business License Renewal	\$100.00 \$60.00	Temporary & S Car Lot	easonal	\$85.00 \$285.00
Additional fees that mo	ay apply:			
Laundromat (Washer - Laundromat (Washer - Device	, -		\$50.00 \$100.00 \$25.00, \$50.00 \$100.00 \$25.00,	/Each O/Each
FOR OFFICE USE ON	LY:			
License No		_		
Fee Paid:		<u> </u>	Date	Paid:
Block #:		Lo	t #:	
Received:				
Valid Photo	ID		NJ Bu	usiness Registration
Certificate o	of Insurance		Zonir	ng Approval (new only)

FOR TOWNSHIP USE ONLY:

Tax Collector Certification:

	PAID				DELINQUENT
PROPERTY TAXES					
SEWER/WATER UTILITIES					
ASSESSMENTS					
Ryan Giles Tax Collector (or his desig	nee)	-	Date		
FIRE MARSHAL: APPROVED _				_ DENII	ED DATE:
Reason for denial:					
_					
William Behnke, Fire Marshal			Date		
CONSTRUCTION CODE OFFICIAL REC	COMMENDA	TION:			
Recommend Appro	val				Recommend Denial
Reason for denial:					
Ed Toussaint, Construction Official			 Date		
CHIEF OF POLICE RECOMMENDATION	NA:		Date		
Recommend Approval					Recommend Denial
Reason for denial:					
Mark Cavallo, Chief of Police			Date		
BUSINESS IMPROVEMENT DISTRICT	RECOMME	NDATIO	N:		
East B.I.DCen	tral B.I.D		Not in	either	B.I.D
Recommend Appro	val				Recommend Denial
Reason for denial:					
Kate Burns, B.I.D Director			 Date		



Department of Public Safety

Township of Haddon

Municipal Building	135 Haddon Avenue	Haddon Township, NJ 08108			
P. (856) 854-1176 Ext. 4138	F. (856) 854-4532	chief@haddontwppolice.com			
Date:	_				
Business Name:					
Business Address:					
Business Phone:					
Please list three (3) employees	and their phone numbers wh	o we may call if we need to contact			
someone after hours regarding	•	,			
1. Name:		Phone #:			
2. Name:		Phone #:			
2. Nume.		Thore ii.			
3. Name:		Phone#:			
Please remember to notify us in the event that any of the provided names or phone numbers					
change.					
Thank you for your cooperatio	n!				



EMERGENCY CONTACT INFORMATION



WESTMONT FIRE CO. 120 Haddon Ave Westmont, NJ 08108 W. COLLINGSWOOD HTS. FIRE CO. 152 Nicholson Road W. Colls Hts, NJ 08059 COLLINGSWOOD FIRE CO. 434 Haddon Ave Collingswood, NJ 08108

Date:					
Business Name:	_				
Business Address:					
Business Phone:					
Please list three (3) contacts & phone numbers who the fafter hours (24/7) regarding said property and property adepartments will access property via, (Knox Box system)	access if deemed necessary. Fire				
1. Name:	Phone:				
2. Name:	Phone:				
3. Name:	Phone:				
PLEASE REMEMBER TO NOTIFY USIN THE EVENT THAT ANY OF THE PROVIDED NAMES OR PHONE NUMBERS CHANGE.					
Note: Properties with Monitored Fire Alarm Systems: Please provide system code/procedure to restore fire alarm system, once deemed safe. FOR FIRE DEPARTMENT USE ONLY!					
System Code:					
Thank you for your cooperation					