



Municipal Building Annex  
10 Reeve Ave  
Haddon Township, NJ 08108  
P: (856) 854-1176  
F: (856) 854-8773

### **BUSINESS LICENSE APPLICATION**

\_\_\_\_\_ NEW \_\_\_\_\_ TEMP/SEASONAL

Date 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. Prior use of Building: \_\_\_\_\_

## 5. DATA REQUIRED TO BE PRESENTED WITH APPLICATION

The following documentation **must** be supplied with the application 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 liability insurance.

**CERTIFICATION BY APPLICANT:** I do hereby certify that the foregoing information is true to the best of my knowledge. I am aware that if any of the foregoing information is knowingly false or misleading, my business license is subject to suspension and/or revocation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FEES:**

New Business License	\$160.00	Temporary & Seasonal	\$85.00	Car Lot	\$285.00
Zoning	\$50.00				
CCO	\$151.00				
<b>Total:</b>	<b>\$361.00</b>				

*Additional fees that may apply:*

Laundromat (Washer -Drying Machine)	\$50.00
Laundromat (Washer-Drying-Dry Cleaning Machine)	\$100.00
Pool Table	\$25.00/Each
Tattooing	\$50.00
Amusement Device	\$100.00/Each
Juke Boxes	\$25.00/Each

**FOR OFFICE USE ONLY:**

License No. \_\_\_\_\_

Date Paid: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Block #: \_\_\_\_\_

Lot #: \_\_\_\_\_

**Received:**

\_\_\_\_\_ Valid Photo ID

\_\_\_\_\_ NJ Business Registration

\_\_\_\_\_ Certificate of Insurance

\_\_\_\_\_ Zoning Approval





# 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](mailto:chief@haddontwppolice.com)

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Owner/Landlord: \_\_\_\_\_

Owner/Landlord Phone: \_\_\_\_\_

Please list three (3) employees and their phone numbers who we may call if we need to contact someone after hours regarding your business.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 cooperation!



# 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 fire departments can call during normal or after hours (24/7) regarding said property and property access if deemed necessary. Fire departments will access property via, (KnoxBox system) if on site & only if necessary.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE REMEMBER TO NOTIFY US IN 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



where community thrives

# Zoning Permit Application

10 Reeve Ave  
Haddon Township, NJ 08108  
856-854-1176 x6266

**PLEASE NOTE:** INCOMPLETE APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS SUPPLIED. IF APPROVED BELOW THIS DOCUMENT ALSO SERVES AS THE ZONING PERMIT.

### Property Information:

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Is this a corner lot? Yes or No

Street Address: \_\_\_\_\_

### Applicant/Owner Information

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Property Owner Name (If different from above): \_\_\_\_\_

Property Owner Address (If different from above): \_\_\_\_\_

Applicant/Owner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant/Owner Email: \_\_\_\_\_

### Contractor Information:

Contractor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Nature of Work:

Requested Use/Proposed Work (include dimensions of any proposed structure(s)): \_\_\_\_\_  
\_\_\_\_\_

Submitted by applicant: Survey (11"x17" minimum): \_\_\_\_\_ Grading Plan: \_\_\_\_\_

Proposed Setbacks:

Front Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Side Yard (Right): \_\_\_\_\_ Side Yard (Left): \_\_\_\_\_

Fences: Proposed Height: \_\_\_\_\_ Does the fence enclose a pool? Yes or No

### Outside Agency Approvals (attach copies):

\_\_\_\_\_ Haddon Township Planning/Zoning Board

\_\_\_\_\_ NJDEP

\_\_\_\_\_ Camden County Planning Board

\_\_\_\_\_ NJDOT

**Authorization:**

(Circle One Please): I am the Property Owner/ Contractor/ Tenant/ Other (Specify \_\_\_\_\_) making this application. I certify that the owner of record has authorized the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR TOWNSHIP USE ONLY:**

Date Received: \_\_\_\_\_ Complete: \_\_\_\_\_ \*Incomplete: \_\_\_\_\_ Date Deemed Complete: \_\_\_\_\_

\*Reason Incomplete: \_\_\_\_\_

Fee Paid/Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Processed By: \_\_\_\_\_

TO BE COMPLETED BY TAX COLLECTOR:

\_\_\_\_\_ All property taxes due have been paid.

\_\_\_\_\_ All sewer and/or water utilities due have been paid.

\_\_\_\_\_ All assessments due have been paid.

\_\_\_\_\_ The following are delinquent: Property Taxes \_\_\_\_\_ Sewer/Water \_\_\_\_\_ Assessments \_\_\_\_\_

APPLICATION APPROVED:

This application has been examined and found to be **IN COMPLIANCE** with the Zoning requirements of the Haddon Township Code and is hereby **APPROVED**.

Zoning Permit #: \_\_\_\_\_

\_\_\_\_\_  
LEE PALO, ZONING OFFICER

\_\_\_\_\_  
DATE

APPLICATION DENIED:

This application has been examined and is **DENIED** for **NON-COMPLIANCE** with the following Zoning Requirements of the Haddon Township Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
LEE PALO, ZONING OFFICER

\_\_\_\_\_  
DATE



# Haddon Township, NJ

## Office of the Fire Marshal

Bureau of Fire Prevention  
10 Reeve Avenue  
Haddon Township, NJ 08108  
Office: 856.854.1176 Ext. #6269/6276  
Fax: 856.854.8773



### **BUSINESS/PROPERTY REGISTRATION INFORMATION:**

Registration No. # \_\_\_\_\_ FM OFFICE USE ONLY

PLEASE COMPLETE CLEARLY:

### **BUSINESS/PROPERTY INFORMATION:**

NAME OF BUSINESS: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_  
BUSINESS TELEPHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_  
BUSINESS EMAIL: \_\_\_\_\_

### **BUSINESS OWNER INFORMATION:**

OWNER OF BUSINESS: \_\_\_\_\_  
BUSINESS OWNER ADDRESS: \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### **BUILDING/PROPERTY OWNER INFORMATION:**

PROPERTY OWNER: \_\_\_\_\_  
ADDRESS OF PROPERTY OWNER: \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### **DESCRIPTION/TYPE OF BUSINESS:**

\_\_\_\_\_

**TOTAL SQUARE FOOTAGE OF PROPERTY (BASEMENT, 1<sup>ST</sup> FLR., 2<sup>ND</sup> FLR., ETC...)**

( \_\_\_\_\_ )

### **EMERGENCY CONTACTS AND/OR KEY HOLDERS:**

1. NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
2. NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
3. NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_