



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

BUSINESS LICENSE APPLICATION

_____ RENEWAL _____ 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. DATA REQUIRED TO BE PRESENTED WITH APPLICATION EVERY YEAR

The following documentation **must** 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 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:

Renewal	\$60.00	Temporary & Seasonal	\$85.00
		Car Lot	\$285.00

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. _____

Fee Paid: _____ Date Paid: _____

Block #: _____ Lot #: _____

Received:

_____ Valid Photo ID	_____ NJ Business Registration
_____ Certificate of Insurance	_____ Zoning Approval (new only)

FOR TOWNSHIP USE ONLY:

Tax Collector Certification:

	PAID	DELINQUENT
PROPERTY TAXES		
SEWER/WATER UTILITIES		
ASSESSMENTS		

Ryan Giles Tax Collector (or his designee)

Date

FIRE MARSHAL: _____ APPROVED _____ DENIED DATE: _____

Reason for denial: _____

William Behnke, Fire Marshal

Date

CONSTRUCTION CODE OFFICIAL RECOMMENDATION:

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Ed Toussaint, Construction Official

Date

CHIEF OF POLICE RECOMMENDATION:

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Mark Cavallo, Chief of Police

Date

BUSINESS IMPROVEMENT DISTRICT RECOMMENDATION:

_____ East B.I.D _____ Central B.I.D _____ Not in either B.I.D

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Kate Burns, B.I.D Director

Date

ZONING OFFICER RECOMMENDATION:

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Lee Palo, Zoning Officer

Date



Department of Public Safety

Township of Haddon

Municipal Building
P. (856) 854-1176 Ext. 4138

135 Haddon Avenue
F. (856) 854-4532

Haddon Township, NJ 08108
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, (Knox Box 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