



Municipal Building
135 Haddon 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.
- d. A Zoning Permit approved by the Haddon Zoning Officer

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.

_____ Date

Applicant’s Signature

FEES:

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

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: _____

Tim Hak, 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

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: _____

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, 1ST FLR., 2ND FLR., ETC...)

(_____)

EMERGENCY CONTACTS AND/OR KEY HOLDERS:

1. NAME _____ TELEPHONE # _____
2. NAME _____ TELEPHONE # _____
3. NAME _____ TELEPHONE # _____

APPLICANT SIGNATURE: _____ DATE: _____