



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  |

|                                |                                  |
|--------------------------------|----------------------------------|
| <b>FOR OFFICE USE ONLY:</b>    |                                  |
| 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](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, (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