



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

HOME BUSINESS LICENSE APPLICATION

Date Applied: _____

1. Name of Business: _____

DBA: _____

Business Address: _____

Business Telephone: _____

Business Email: _____

Business Website: _____

Owner's Cell Phone: _____

2. The name and address of all shareholders, members, partners, directors, officers and registered agent(s) of the applicant: _____

3. Type of Business: _____

Description of proposed business activities: _____

Hours of Operation: _____

4. 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
<u>Zoning</u>	<u>\$50.00</u>
Total:	\$210.00

Yearly renewal by January 31st each year \$60

FOR OFFICE USE ONLY:	
License No. _____	Date Paid: _____
Fee Paid: _____	Check #: _____
Received:	
_____ Valid Photo ID	_____ NJ Business Registration
_____ Certificate of Insurance	_____ Zoning Approval



Zoning Permit Application

10 Reeve Ave
Haddon Township, NJ 08108

Property Information:

Street Address: _____

Applicant/Owner Information

Applicant Name: _____

Address: _____

Applicant Phone: _____ Cell: _____

Applicant Email: _____

Nature of Work: _____

Authorization:

I am the Owner making this application. I certify that the owner of record has authorized the proposed business and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature: _____

FOR TOWNSHIP USE ONLY:

Date Received: _____

Fee Paid/Amount: _____ Cash/Check #: _____ Processed By: _____

Zoning Permit #: _____

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**.

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