

**TOWNSHIP OF BORDENTOWN
1 MUNICIPAL DRIVE
BORDENTOWN, NJ 08505
(609) 298-2800**

Bordentown Twp. Use Only

Date Application Received _____

Amount _____

Check No. /Cash _____

Control No. _____

Year Fingerprinted _____

BUSINESS LICENSE APPLICATION

License Term: JULY 1, 2011 to JUNE 30, 2012

BUSINESS INFORMATION:

Name of business: _____

Address at which business is operated: _____

_____ BLOCK _____ LOT _____

Description of business to be operated: _____

List days and hours of operation: _____

Number of employees: _____

APPLICANT INFORMATION

(If more than one applicant, use Additional Applicant page. Can be reproduced.)

Name of Applicant, NOT COMPANY NAME, (if a corporation, list names and addresses of President and Secretary; if a partnership, complete attached supplemental applicant information separately for each partner—make additional copies if needed) _____

Applicant Date of Birth: _____ Driver's Lic. # _____

(THIS INFORMATION IS REQUIRED FOR PROCESSING AND APPROVAL BY OUR LOCAL POLICE DEPT.)

Address license to be mailed to, (if different from above): _____

_____ Attention: _____

Business phone no. _____ Home phone no. _____

Applicant's residence for last five (5) years: _____

Have you ever been denied or revoked a license to conduct any business? _____ Yes _____ No

If yes, please explain: _____

Have you ever been convicted of a crime other than a motor vehicle violation? _____ Yes _____ No

If yes, please explain: _____

PROPERTY INFORMATION:

Is property zoned commercial or residential? _____

If any structural changes are anticipated, please describe: _____

Has building permit been applied for: _____ Yes _____ No, Date of Application _____

If the intended use of the block and lot listed above does not conform with the current zoning laws of the township, has a zoning variance or change of use been applied for?

_____ Yes _____ No, If yes, give date of application and name of applicant:

Date: _____ Name: _____

Proof of false information on this application will revoke the license immediately. Signing this application attests that the applicant has made themselves aware of all codes, statutes, and restrictions applicable to the operation of the above-named business and agrees to comply with the same. Approval of this application for the issuance of a business license does not relieve the applicant of the responsibility to obtain all other approvals, licenses and permits necessary to operate.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

NOTE: DO NOT SUBMIT APPLICATION WITHOUT CURRENT FIRE INSPECTION CERTIFICATE. (Not required for home-based businesses.)
Mission Firehouse, Deputy Chief Steve Scholey (609) 298-5375.
N.J. Dept. of Community Affairs, Div. of Fire Safety (609) 633-6132.