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

BUSINESS LICENSE SUPPLEMENT

(Note: Form can be reproduced)

Complete only if more than 1 owner/applicant

BUSINESS NAME:_____

APPLICANT INFORMATION:

Name of applicant_____

_____

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

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:_____

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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 Signature:_____Date:_____