



TOWNSHIP OF CRANBURY
23A NORTH MAIN STREET
CRANBURY, NJ 08512
609-664-3140

COMMERCIAL BUSINESS AND RENTAL UNIT(S) LIABILITY INSURANCE REGISTRATION

Name of Business (If Applicable): _____

Address of Business or Property: _____

Contact Information of Business Owner:

Name: _____

Phone: _____ / Cell: _____

Email: _____

Address: _____

I, or we, the undersigned, do hereby certify the above business and/or property agrees to comply with all the ordinances the Township of Cranbury and the laws of the State of New Jersey including, but not limited to, Cranbury Township Ordinance # 02-23-03 and Senate Bill 1368/P.L. 2022 c.92. It is further agreed that I, or we, are subject to the Fine for Noncompliance if a valid certificate of insurance is not provided to the Township on an annual basis.

Signature of Owner(s):

DO NOT WRITE BELOW THIS LINE

Date Received: _____

\$20.00 Payment Received: _____

Cert. of Insurance Attached: _____

Reviewed By: _____

Township of Cranbury