WILLINGBORO TOWNSHIP
NEW JERSEY

Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone# 609-877-2200 Ext. 1214

CERTIFICATE FOR CONTINUED OCCUPANCY (CCO) APPLICATION

APPLICATION FOR OCCUPANCY
RETAIL/ COMMERCIAL BUSINESS/EDUCATIONAL/
PROFESSIONAL ADMINISTRATIVE OFFICES/PLACES OF ASSEMBLY

FEE: $150.00

The Construction Official shall issue a Certificate of continued Occupancy if there are no violations of law or orders of the Construction Official pending. The Certificate of Continued Occupancy shall be evidence that only a general inspection of the visible parts of the building has been made and that no violations of N.J.A.C. 5:23-2.14 have been determined to have occurred and no violations of N.J.A.C. 5:23-2.32(a) have been found.

1. Fill out the attached Certificate of Continued Occupancy Application
2. Submit confirmation from Division of Fire Safety.
3. Submit floor plan of proposed use for space.
4. Submit copy of deed or lease.
5. Construction Permits are required if there are any renovations to the existing building or if there is a change of use/tenant fit out.
6. For new buildings/addresses ***only-*** also complete the attached 911 Database form.
7. A Mercantile License will be required. (This is an additional fee and is submitted to the Township Clerks office.)
8. Any new signage will also require permits.
9. Depending on the nature of your business you may need to fill out other forms.

*****Please submit all required documentation to ensure the application will be reviewed without any delays. Additional items/information may be required.**

WILLINGBORO TOWNSHIP
NEW JERSEY

I

CERTIFICATE FOR CONTINUED OCCUPANCY (CCO) APPLICATION

APPLICATION FOR OCCUPANCY

RETAIL/COMMERCIAL BUSINESS/EDUCATIONAL
PROFESSIONAL ADMINISTRATIVE OFFICES/PLACES OF ASSEMBLY

Block:_____Lot:_____ **$150.00 FEE**
Site Location: _____
Site Identification Name: _____
Zoning Classification:_____Use Group: _____
Owner Name: _____
Owner Address: _____Phone#: _____
Owner City/State/Zip: _____
Tenant Name: _____
Tenant Address: _____Phone#: _____
Tenant City/State/Zip:
Tenant Email: _____

Floor Plan attached: YES NO Business Name: _____
Nature of Business: _____
_____
Type of Merchandise for Sale: _____
Type of Professional Services: _____
Handling/Preparation/Sales of Food: YES NO (Submit approval from Burl. Co. Health Dept)
Equipment Utilized for food preparation: _____
Use of any flame producing devices: YES NO
If Yes, Explain: _____
Distribution or Sales/Use of Automatic Amusement Devices: YES NO
Sales of Gold, Silver, Precious, and Semi-precious Gems: YES NO
Sales of Pets (Dogs, Cats, Tame and Non-poisonous Animals): YES NO
Sales of Weapons: YES NO
Days/Hours of Operation: _____
_____
Does your business require a License from the State of New Jersey: YES NO
If Yes, Please state and provide copy of License: _____
_____
Will your Unit have a separate Alarm System: YES NO
Unit Square Footage: _____ Number of Employees: _____
Emergency Contact: _____Phone#: _____
Applicant's Email: _____Date: _____
Print Name: _____Phone#: _____
Check: _____Cash: _____CC#: _____Receipt#: _____

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 809
TRENTON, NJ 08625-0809

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Commissioner

Dear Business Owner,

Your local Fire Official has identified your business as one that needs to be registered with the New Jersey Division of Fire Safety as a Life Hazard Use (LHU). There is an annual fee associated with each LHU which is utilized to cover the costs of inspecting your business as well as other fire prevention activities within your municipality. In line with Governor Christie's initiative for State business transactions to be paperless, the registration process will be done on-line. You can request access to RIMS through the Division's website at http://www.state.nj.us/dca/divisions/dfs/. Look for the "Non-Registered User" link to RIMS. Since the on-line system operates through the My New Jersey portal, you will be asked whether you already have a portal account or not. (Many business owners already use the portal to pay their business taxes.) Once you have established RIMS access, you will be required to maintain your registration account through the portal.

When you register, you will be asked a series of questions, an example of which are below, to determine what registered service is appropriate.

Is this application for a new owner at a previously registered business? Yes/No

If YES Provide date of business ownership transfer:

Are you changing the LHUs / Non LHUs of a registered business? Yes/No

Are you registering a new business? Yes/No

Do you know your registration number? Yes/No

If YES Enter the business registration number:

If you purchased your business from a previous owner and want to **transfer** it to you, you will answer Question 1 as YES and provide the date of transfer. If you know the registration number, you can provide it.

If your business has never been registered by you or anyone else, it is an **initial registration**. You will answer Question 1 as NO, Question 2 as NO and Question 3 as YES.

If your business has changed in any way, perhaps you have changed the occupant load or changed the square footage, or something similar, your fire official may inform you that you must **update** your registration and make a modification to your Life Hazard Use(s). You will answer Question 1 as NO and Question 2 as YES. If you know the registration number, you can provide it.

Finally, if you simply need to make changes to your contacts or correct minor errors to your registration, none of which changes your Life Hazard Use(s), you must **amend** your registration. You will answer Question 1 as NO, Question 2 as NO (because you are not modifying your LHU) and Question 3 as NO. If you know the registration number, you can provide it.

During the application process you will be asked to provide several pieces of information including: the legal name of your business; your tax identification number; the name, telephone and email address of the person submitting the application as well as a billing contact. The system will also ask you to request a computer generated PIN number, which will be sent to the email you provide. We have found that sometimes the email gets directed to the user's SPAM/junk emails, so we recommend you look in that email folder before you assume that your PIN was not sent. Your PIN number acts as an electronic legal signature and should therefore be kept confidential. If you forget your PIN it is very simple to request another.

One of the great advantages of this on-line system is that electronic payments can be made by credit card and/or e-check to greatly decrease the possibility that you will be penalized or your bill sent to collection for failure to pay your registration fee. If you choose to send a paper check, information as to where to mail it will be provided on your invoice.

If at any time you require assistance, please contact either your local Fire Official or the Division. All email inquiries for the Division of Fire Safety, Bureau of Code Enforcement can be sent to rims.help@dca.state.nj.us or you can call telephone number 609-633-6144.

Sincerely,

Lou Kilmer, Chief

Bureau of Fire Code Enforcement

Division of Fire Safety

WILLINGBORO TOWNSHIP
NEW JERSEY

One Rev. Dr. Martin Luther King, Jr. Drive • Willingboro, NJ 08046
P: 609.877.2200 • F: 609.835.0782 • Willingboronj.gov

MERCENTILE LICENSE APPLICATION CHECKLIST

Business Name: _____

Please check all items included in the application packet, sign and date.
Note: Omittance of the required documents and fees will make your application incomplete.

Mercantile Submission Requirements& Checklist for Mercantile

1. ☐Completed Application
2. ☐ Affidavit of Truthfulness, Notarized
3. ☐Copy of Business Owner's Valid Driver's License or proof of identification.
4. ☐Copy of Business Registration Certificate.
5. ☐Copy of State Sales Tax Certificate of Authority: Issued by NJ Division of Taxation
6. ☐Copy of Proof of ownership or leasing of subject premises (Copy of Deed or Lease)
7. ☐Copy Certificate of Occupancy, or continued certificate of occupancy is required:
   a. Issued by Inspection Department
8. ☐Burlington County Sanitary Inspection Report (for Food Handlers)
9. ☐Business Statement
10. ☐Established Annual Mercantile Fees: $_____

FEES:

Food Handling	$10.00	
Multi-Family Dwellings: Per Unit	$10.00	
Delivery Services: Per Vehicle	$35.00	
Food Vending Vehicle Fees	$50.00	
Single-Family Rental: Per Unit	$50.00	
Commercial & Professional | Retail or Wholesale Sales	$75.00	
Construction& Development Contractors | Personal Services	$75.00	
Hotel/Motel | Light Industrial/Manufacturing | Warehouse | Theater	$100.00	
Restaurant	$100.00	
Expositions, Circus, or Carnival	$200.00	

MAILING ADDRESS FOR PERMIT (if different than BUSINESS)

Name: _____ Department: _____

Mailing Address: _____

NOTE: All Mercantile license must be renewed each year by June 30th

WILLINGBORO TOWNSHIP
NEW JERSEY

One Rev. Dr. Martin Luther King, Jr. Drive • Willingboro, NJ 08046
P: 609.877.2200 • F: 609.835.0782 • Willingboronj.gov

MERCENTILE LICENSE APPLICATION

7/1/20___-6/30/20____

APPLICATION DATE : _____

MERCENTILE REQUEST (please circle one) | **LICENSE TYPE:** (please check all that apply)

☐ New ☐ Annual Renewal ☐ Change of Information | ☐ Retail ☐ Restaurant ☐ Food Handling **Other:**_____

SECTION 1: GENERAL BUSINESS INFORMATION Business License Number: _____

Type of Business (be specific): _____

Business Name: _____ Tax Id/FEIN Number: _____

Number of Employees: _____

Business Location: _____ Office/Suite : _____Block_____ Lot_____
Street Address

Mailing Address: _____
If different from Business Location Street/P.O. Box Number City State Zip Code

Days and Hours of Operation: _____

Local Owner(s)/Manager Name: _____ Phone : _____

Email: _____ Website: _____

SECTION 2: OWNER(S) CONTACT INFORMATION (if different than above)

Owner's Name: _____ Phone : _____

Mailing Address: _____
Street/P.O. Box Number City State Zip Code

SECTION 3: PROPERTY OWNER OR MANAGEMENT COMPANY (ONLY IF LEASING)

Name: _____ Phone _____
Alternate Phone: _____ Email: _____

SECTION 4: TYPE OF OWNERSHIP (please check one)

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Corporation ☐ Non-Profit

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- Are you a United States citizen? ☐ YES ☐ NO
(If NO, please furnish a copy of your alien registration card, passport etc.)
- Have you ever been convicted of a crime? ☐ YES ☐ NO
(If yes, what offense and date of conviction) :_____
- Has applicant ever been denied a license suspended or revoked in any municipality in the state of New Jersey? ☐ YES ☐ NO (If Yes, where and why?)_____
- Do you have any other businesses in The Township of Willingboro or any other municipality in the State of New Jersey? ☐ YES ☐ NO (If Yes, please name business(es))_____

NOTE: All Mercantile license must be renewed each year by June 30th

SECTION 5: EMERGENCY CONTACTS

(must be different than property owner or management company)

Name: _____ Phone : _____

Mailing Address: _____

Street/P.O. Box Number City State Zip Code

Alternate Phone: _____ Email: _____

****

Name: _____ Phone : _____

Mailing Address: _____

Street/P.O. Box Number City State Zip Code

Alternate Phone: _____ Email: _____

SECTION 6: EMERGENCY CONSIDERATION

Please provide information regarding hazardous materials on site or other information that will aid emergency personnel. Please attach additional pages if necessary.

_____

Alarms: (Check all the applies) ☐ Burglar ___Fire ___Surveillance

I declare under the penalty of perjury that the information provided in this application is true and correct. I understand that the issuance of a mercantile license does not approve use. I am responsible for obtaining all applicable licenses and permits prior to commencement of business.

_____ _____

Signature of Owner or Authorized Representative Date

SECTION 7: BUSINESS STATEMENT Briefly state nature of business/service:

NOTE: All Mercantile license must be renewed each year by June 30th

By providing your business information to us, you acknowledge that the information may be included in our public or private business directory. This directory may be shared with customers, partners, or other relevant third parties for informational or networking purposes. We strive to ensure the accuracy of the information listed; however, we are not responsible for any errors, omissions, or outdated information.

SECTION 8: AFFIDAVIT OF TRUTHFULNESS OF APPLICATION INFORMATION

Full Name of Applicant: _____
Business Name (if any): _____

I, _____[Your Full Name], residing at _____ [Your Complete Address], after having been duly sworn in accordance with law, do hereby depose and state: That I am the applicant for _____ [Business Name], and I am executing this Affidavit to attest to the truthfulness of the information I have provided in my application.

That all the information, documents, and supporting evidence submitted by me in connection with the said application are true, correct, and complete to the best of my knowledge and belief.

I understand any false statement, misrepresentation, or concealment of facts may result in the rejection of my application or subsequent revocation of any benefit granted as a result thereof.

That I am executing this Affidavit to affirm the integrity of my submission and to comply with any legal or administrative requirements associated with the application process.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____, 20, at [City, State].

_____
[Signature of Applicant]

SWORN AND SUBSCRIBED TO before me this ____ day of _____, 20_____, affiant having duly affixed his/her signature in my presence and having exhibited competent proof of identity.

_____
Notary Public Signature
My commission expires: _____

NOTE: All Mercantile license must be renewed each year by June 30th

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD | P.O. BOX 6000 | WESTAMPTON NJ 08060
PHONE: 609-265-5515 FAX: 609-265-5541

Public Health

PROCEDURES FOR OPENING A RETAIL FOOD SERVICE FACILITY

To open a Food Establishment in Burlington County, the following steps are required:

•An application for a retail food service facility (attached) must be completed and returned to the Burlington County Health Department (BCHD) with all required documentation, listed on the bottom of the application, along with a $100.00 fee for a new establishment and $ 75.00 for alterations- payable to BCHD.

(The fee is waived for Non- Profit Organizations)

- Facility plan submittals shall be in accordance with State regulation N.J.A.C. 8:24- Sanitation in Retail Food Establishments (Chapter 24). The Code may be obtained by calling BCHD or through our website: http://www.co.burlington.nj.us/departments/health

- Applicants shall also check with the local municipality, where the proposed establishment is located, for their specific requirements.

- Plan reviews will be conducted by a licensed inspector (REHS). Within 30 business days a REHS will review the application and respond accordingly. If additional information is needed after the initial review, this could extend past the 30 business days. Once all information is submitted and plan review is complete, an approval letter will be mailed, faxed, emailed or available to be picked up at the Health Department by the business owner or authorized agent.

- The approval letter is also provided by BCHD to the city or township where the business is located and permits will then be issued for construction by the township.

- Once construction is complete, the business owner or authorized agent shall contact the REHS to schedule a pre-opening inspection. (A minimum of 3 business days' notice) Prior to the pre-opening inspection, all construction equipment and debris is to be cleaned up and/or removed from the premises. All equipment including refrigerators, freezers, warming units, sinks, ice machines, sanitizer for ware washing, etc. shall be installed, turned on and ready to be inspected. Any stipulations noted on the approval letter shall be completed and in compliance prior to the pre-opening. There shall be **NO** food requiring refrigeration or freezer temperatures on site at a pre-opening inspection. Shelf-stable products, cleaning products and paper products can be brought in prior to a pre-opening inspection.

- Plumbing, electrical, and fire inspections are required by local municipalities- the owner or authorized agent of the establishment shall contact the appropriate officials to schedule inspections prior to opening.

- Once the pre-opening inspection is completed and found to be in compliance, a written inspection report and satisfactory evaluation placard will be issued to the business owner or agent, who in turn provides copies of the report to the local construction code official. The construction code official will then issue a final certificate of occupancy (CO), after also complying with their requirements.

- A food handler license or permit (if required) is to be obtained from the city or township where the business is located.

- Additionally, a nationally recognized exam for a Food Protection ***Managers*** Certificate (FPMC)is required for all Risk 3 establishments in Burlington County, as well as Risk 2 establishments in townships which have a local ordinance. NOTE: Townships which require a FPMC for risk levels 2 and up are: Beverly, Chesterfield, Cinnaminson, Evesham, Lumberton, Maple Shade, Moorestown, Palmyra, Pemberton Borough, Southampton and Westampton

(ANSI accredited exams include: ServSafe, NRFSP, Prometric, 360Training.com StateFoodSafety.com, Always Safe Food Co.)

- Approximately 1 month after opening, a complete annual inspection will be conducted by the REHS, and then annually thereafter.

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD | P.O. BOX 6000 | WESTAMPTON NJ 08060
PHONE: 609-265-5515 FAX: 609-265-5541

Public Health

EXPLANATION OF DOCUMENTS REQUIRED

Please refer to Chapter 24 *"Sanitation in Retail Food Establishment and Food and Beverage Vending Machines" (N.J.A.C. 8:24)*

The following is a breakdown of all documentation required to process this application:

1. **HACCP Plan:** May not be required for every plan review- this is determined once the application is submitted & reviewed (Most commonly needed for procedures including reduced oxygen packaging, acidification of foods, smoking or curing of foods, fermentation, pasteurization, etc.)

2. **Food Protection *Managers* Certificate (FPMC):** Class and exam are required to be taken for each risk level 3 establishment. There are multiple townships which require the above exam to be taken for risk level 2 establishments. Risk level will be determined based on proposed menu and application submitted. Those townships include: Beverly, Chesterfield, Cinnaminson, Evesham, Lumberton, Maple Shade, Moorestown, Palmyra, Pemberton Borough, Southampton and Westampton.

NOTE: ANSI accredited exams for a CFPM certificate include: ServSafe, NRFSP, Prometric, 360Training.com, StateFoodSafety.com. Always Safe Food Co.

3. **Proposed Employee Health and Hygiene Policy:** Including instructions for handwashing and glove usage, sick employee restrictions, smoking eating and drinking, work attire, jewelry & artificial nail and nail polish, etc.

4. **Proposed Menu:** Anticipated volume of food to be stored, prepared, served and sold- including weight, or amount of food items to be ready for a day's use. Anticipated volume of food to be cooled down must be submitted, including cool down procedure. Cool down procedure must include what pieces of equipment are being used to cool down potentially hazardous foods. Cooling methods can be found in NJAC 8:24 – 3.5 (e). Specifically, the Food Code states that "cooked potentially hazardous food (foods that require time-temperature control to keep them safe for consumption) should be cooled "rapidly," i.e., from 135°F to 70°F in 2 hours or less and then from 70°F to 41°F in 4 additional hours."

5. **Floor Plan of Facility:** A clearly labeled layout of facility with dimensions of the following:
   - *Three compartment sinks with air drying location and/or
   - *Commercial dish machine with air drying location
   - *Handwashing sinks in prep area(s)
   - *A utility sink or a curbed mop sink
   - Plumbing location of all sinks (indirect drain connections where needed)
   - *Refrigeration units (bain marie, stand up fridge, walk in fridge, etc.) (with thermometers inside)
   - *Freezer units (walk in, stand up freezer, reach in freezer, etc.)
   - *Cooking equipment (stove, fryers, grill, etc.) with exhaust hood (to be inspected by fire inspector)
   - *Possibly a food prep sink (based off menu review)
   - *Prep tables- describe surface
   - *Hot water heater
   - Dry storage & receiving area
   - Employee break/locker area
   - Employee and/or public restroom

6. **Manufacturer's Specification Sheets:** To be submitted for all pieces of equipment being utilized in establishment- including all equipment with asterisks (*) (under #5 floor plan)- as well as prep tables, blenders, juicers, slicers, bone saws, meat grinders, soft serve ice cream machine, etc.

7. **Type of Finishing Materials:** For floors, walls, ceilings & work surfaces (must be smooth, durable, easily cleanable and non-absorbent)

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD | P.O. BOX 6000 | WESTAMPTON NJ 08060
PHONE: 609-265-5515 FAX: 609-265-5541

Public Health

APPLICATION FOR RETAIL FOOD SERVICE FACILITY

Name of Establishment: _____ Phone: _____

Establishment Address: _____

Municipality/Zip Code: _____ E-mail: _____

Applicant's Name:	**Authorized Agent (if applicable):**
Address:	**Address:**
Phone: **Fax:** **E-mail:**	**Phone:** **Fax:** **E-mail:**

FACILITY INFORMATION:

Status: _____ New _____ Alteration

Type of Service: _____ Eat-in _____ Take-Out Only _____Other (describe) _____

Hours of Operation: _____

Potable Water System: _____ Public _____ Well Water (Water Test: ___ Coliform ___ Nitrate)

Sewage Disposal System: _____ Public _____ Septic System (Review & approval required by Septic Division)

Trash Removal System: _____ Company _____ Dumpster _____ Other (describe) _____

Surface of Trash Area: _____ Asphalt _____ Concrete

Grease Removal Hauler: (Company Name, Address, Phone #) _____

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:

_____**HACCP Plan:** To be submitted for specialized processing as specified in N.J.A.C 8:24- 9.1d, e

_____**Food Protection Managers Certificate**: ANSI accredited exams: ServSafe, NRFSP, Prometric, 360Training.com, StateFoodSafety.com, Always Food Safe Co.)

_____**Proposed Employee Health and Hygiene Policy:** Policy for proper handwashing/ glove usage, sick employee restriction, work attire, hair restraints, smoking, eating, gum chewing, etc.

_____**Proposed Menu:** Anticipated volume of food to be stored, prepared, cooled down, sold or served
***Must provide cooling procedure for all items being prepared and cooled*

_____**Floor Plan of Facility:** Clearly labeled depicting the location of the following:
- [ ] All equipment being utilized- with dimensions indicated
- [ ] Plumbing location of hand sinks, three compartment sink with drain boards and air drying location, dish machine, food prep sink, ice machine, mop sink (indirect plumbing connections where needed)
- [ ] Location of restrooms, employee locker areas, storage and receiving areas

_____**Manufacturer's Specification Sheets:** For equipment being utilized
***Low temperature dish machine shall be equipped with a device that indicates audibly or visually when more chemical sanitizer needs to be added*

_____**Type of Finishing Material**: For floors, walls, ceilings and work surfaces and lighting information

Application Fee: ____ **New: $100.00 (One Hundred Dollars)** ____ **Alteration: $75.00 (Seventy Five Dollars)**
(Payable to the County of Burlington) NON Profit Organizations- Fee Waived

Signature of Applicant:_____ **Date:**_____

Chapter 24 Given_____ Plan Review Fee Paid_____

FOR OFFICE USE ONLY

Inspector: _____ Date Received: _____

Floor Plan Not Required: _____ Date Completed: _____

Manager FSPC Twp. Ordinance: ____Yes ____No Expected Opening Date: _____

Establishment Risk Type (1-4): _____ Septic Division review & approval: ____Yes ___N/A

Food Safety:

	# of Items Being Cooled	Adequate Refrigeration/Storage- yes/no	HACCP Needed/ Completed
Menu			

Building Finishing Materials:

	Food Prep	Storage	Restrooms	Ware washing Area	Dining/Patron
Floors					
Walls					
Ceilings					

Plumbing:

	Yes, No, N/A	Adequate #	Indirect Drain Connection- yes or n/a
Hand sinks			
Food prep sink			
3 Bay / Dish machine			
Ice machine			
Utility/mop sink			

Note: Splash guards where appropriate

Miscellaneous:

	Adequate Materials	Low temp dish machine alarm- yes or n/a
Lighting		
Ventilation		
Manufacturer spec. sheets		

_____APPROVED _____APPROVED WITH STIPULATIONS _____DISAPPROVED

(See Comments)

COMMENTS:

_____

_____

_____

Willingboro THE TOWNSHIP OF NEW JERSEY
A Naturally Better Place to Be

Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro, NJ 08046
Phone # 609-877-2200, Ext. 1214 FAX # 609-877-1278

CCO

ATTENTION ALL:

FOOD HANDLERS

DISTRIBUTOR OF GOLD/SILVER/PRECIOUS AND SEMI PRECIOUS STONES

SALES OF DOMESTICATED ANIMALS REGISTRATION

Submit this form to:

Willingboro Township Clerk
Room 204 – Municipal Complex
1 Rev. Dr. Martin Luther King Jr. Drive
Willingboro, NJ 08046

Nature of Business (Select one above):_____

Address of Business: _____

Name of Business: _____

Name of Operator/Owner of Business: _____

Please note all Food Handlers Licenses will not issued until Certificate from the Health Department has been received.

See attached Municipal Ordinance that requires these licenses.

State of New Jersey

NJ License & Certification Guide

New Jersey Econonic Development Authority

Business Retention & Attraction Division
PO Box 820
Trenton, NJ 08625-0820
(866) 534-7789

website: www.NewJerseyBusiness.gov

Caren Franzini
CEO

Jon Corzine
Governor

NEW JERSEY LICENSE & CERTIFICATION GUIDE

Occupations and business activities often require some form of registration, license or certification by the State of New Jersey. This booklet compiles, in a single document, a listing of these requirements with the appropriate agency contact. It has been prepared by the Division in response to requests from the business and professional communities for this type of information.

All State regulatory agencies have reviewed and verified this material to ensure completeness and accuracy. Inevitably, changes will occur and the Division strives to keep this document current with frequent updates.

Users of this information should also contact the county and municipal clerks in order to satisfy possible local permitting requirements.

Sincerely,

Donald Newman
Business Services
Call Center

RLCI003
12/17/08

WILLINGBORO TWP. DISTRIBUTION: ◊ POLICE ◊ INSPECTIONS ◊ 911 COORINATOR

BURLINGTON COUNTY 9-1-1 COORDINATOR
DEPARTMENT OF PUBLIC SAFETY
1 ACADEMY DR., WESTAMPTON
PO BOX 6000
MOUNT HOLLY, NJ 08060-6000
TELEPHONE: (609) 267-2275

NOTE: DO NOT MAIL! WE WILL MAIL TO THE 911 COORDINATOR.

NEW ADDRESS NOTIFICATION FOR 9-1-1 DATABASE

TO BE COMPLETED BY MUNICIPAL CONSTRUCTION CODE OFFICIAL UPON ISSUING NEW CONSTRUCTION PERMITS.

(PRINT OR TYPE ONLY)

SECTION 1 – PERMIT INFORMATION

A) BUILDING PERMIT #: _____

ISSUED TO:

B) NAME _____
C) ADDRESS _____
D) TELEPHONE _____
E) CONTACT PERSON _____

SECTION 2 – PROPERTY ADDRESS INFORMATION

A) STREET NUMBER _____
B) STREET NAME _____
C) SUBDIVISION NAME _____
D) MUNICIPALITY _____
E) BLOCK/LOT _____
F) TYPE OF STRUCTURE _____
(SINGLE FAMILY, DUPLEXES, ETC.)

SECTION 3 – STREET INFORMATION

A) DOES STREET (2B) BEGIN AND TERMINATE SOLEY WITHIN YOUR MUNICIPALITY? YES___ NO___
B) IF YOU ANSWERED NO TO 3 A, INDICATE THE ADJOINING MUNICIPALITY:

_____

C) WHAT IS THE LOWEST NUMBER WITHIN YOUR MUNICIPALITY FOR STREET (2B):

_____

D) WHAT IS THE HIGHEST NUMBER WITHIN YOUR MUNICIPALITY FOR STREET (2B):

_____

E) WHAT IS THE NEAREST CROSS STREET TO PROPERTY NUMBER (2A):

_____

SECTION 4 – ISSUING OFFICIAL

A) NAME_____ B) TITLE_____
B) MUNICIPALITY_____ D) TELEPHONE#_____

SIGNATURE:_____ DATE:_____
(WILLINGBORO TWP. DISTRIBUTION)

WILLINGBORO TOWNSHIP POLICE

MUNICIPAL COMPLEX

One Rev. Dr. M.L. King Jr. Drive, Willingboro, NJ 08046

GREGORY RUCKER
Director of Public Safety

TEL : (609) 877-2200
FAX : (609) 877-0183

Dear Willingboro Township Resident:

Pursuant to Municipal **Ordinance No. 1989-4, Section 3-22, 10b**, ***ALL*** Alarm Systems within Willingboro Township must be registered with the Willingboro Police Department.

All Alarm Registrations are Renewable yearly, on January 1st with a ($10.00) Renewal Fee or (25.00) for a New System. Any Alarm System that is not registered or re-registered will be cited under the Ordinance for "Failure to Register". This Citation can result in a Municipal Court action and possible fine. The registration fees may be paid for with Cash, Check or Money Order. **A new form must be submitted each year.**

There are several important aspects of the Alarm Ordinance that include provisions for **"Fines"** in the event of a sufficient number of **"False Alarms"** being initiated during a specified period of time. The Ordinance in its entirety can be reviewed by contacting the Municipality Township Clerk. A copy can be reviewed in the Police Department.

If you have any questions regarding the registration of your alarm, please don't hesitate to contact The Crime Prevention Unit 609-877-2200 ext. 1065.

WILLINGBORO TOWNSHIP POLICE DEPARTMENT

Crime Prevention Unit, One Rev. Dr. M.L. King Jr. Drive, Willingboro, NJ 08046 (609) 877-2200 ext. 1065

***Ordinance No.1989-4: Any Alarm not Registered, May Result in a Fine(s) Ranging From $50- $250, if not paid**

Registration Period is January 1st – January 31st. You MUST renew every year

ALARM REGISTRATION FORM

BRAND NEW SYSTEM REGISTRATION FEE {Initial} - $25.00 / YEARLY RENEWAL FEE FOR ALL ALARMS - $10.00

Make Check /Money Order Payable To: Willingboro Township - {Please "Do Not" Mail Cash}

Please complete this form in its *Entirety*, so that we may update our system with your *Current* information, *Even if you have registered in the past year(s). You only have to pay this fee (1) time a year.* [Please Print Clearly]

Date: _____

Occupant of Property: Name: _____

Address: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

- Is your system monitored by an alarm company: _____ # of year(s) paying for: _____ (max is 2)
- Name of Alarm Company and Telephone #: _____

Check If Applicable:

- Alarm: Burglar: _____ Fire: _____ or Both: _____
- Handicapped/Elderly Person(s) on Premises: Yes _____ No _____

List the Type of HANDICAP or MEDICAL CONDITION that might Require Specialized Emergency Response:

_____

List Person(s) to contact in case of emergency - [Please Include Yourself - if you wish to be contacted...#'s limited]:

1. Name: _____
   Address: _____
   Telephone Number: _____ Cell: _____
2. Name: _____
   Address: _____
   Telephone Number: _____ Cell: _____
3. Name: _____
   Address: _____
   Telephone Number: _____ Cell: _____

DO NOT WRITE BELOW THIS LINE / FOR POLICE DEPARTMENT USE ONLY:

- Date of Registration: ____/____/____ New _____ Renewal _____
- Payment Received By: Cash: _____ Check #: _____ MO: _____
- Registration Received: ——→ In Person: _____ By Mail: _____

Return To: Willingboro Police Department, C/O Crime Prevention Unit