



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

BUSINESS LICENSE APPLICATION

_____ NEW _____ TEMP/SEASONAL

Date Applied: _____

1. Name of Business: _____

DBA: _____

Business Address: _____

Business Telephone: _____

Business Email: _____

Business Website: _____

Owner's Cell Phone: _____

Owner's SS# or Business EIN #: _____

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

If any shareholder, member, partner or registered agent is itself a business entity of any kind, the applicant also must provide the name and address of all shareholders, members, partners, directors and registered agents of same: _____

3. Type of Business: _____

Description of proposed business activities: _____

Hours of Operation: _____

Address where business will operate if different from above: _____

4. Prior use of Building: _____

5. DATA REQUIRED TO BE PRESENTED WITH APPLICATION

The following documentation **MUST** be supplied with the application or the application will not be processed:

- Valid State issued Driver's License with photograph or other valid Government-issued Identification with photograph.
- 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.)
- 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	Temporary & Seasonal	\$85.00	Car Lot	\$285.00
Zoning	\$50.00				
CCO	\$151.00				
Total:	\$361.00				

Additional fees that may apply:

Laundromat (Washer -Drying Machine)	\$50.00
Laundromat (Washer-Drying-Dry Cleaning Machine)	\$100.00
Pool Table	\$25.00/Each
Tattooing	\$50.00
Amusement Device	\$100.00/Each
Juke Boxes	\$25.00/Each

FOR OFFICE USE ONLY:

License No. _____

Date Paid: _____

Fee Paid: _____

Check #: _____

Block #: _____

Lot #: _____

Received:

_____ Valid Photo ID

_____ NJ Business Registration

_____ Certificate of Insurance

_____ Zoning Approval

FOR TOWNSHIP USE ONLY:

Tax Collector Certification:

	PAID	DELINQUENT
PROPERTY TAXES		
SEWER/WATER UTILITIES		
ASSESSMENTS		

Ryan Giles Tax Collector (or his designee)

Date

FIRE MARSHAL: _____ APPROVED _____ DENIED DATE: _____

Reason for denial: _____

William Behnke, Fire Marshal

Date

CONSTRUCTION CODE OFFICIAL RECOMMENDATION:

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Ed Toussaint, Construction Official

Date

CHIEF OF POLICE RECOMMENDATION:

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Tim Hak, Chief of Police

Date

BUSINESS IMPROVEMENT DISTRICT RECOMMENDATION:

_____ East B.I.D. _____ Central B.I.D. _____ Not in either B.I.D.

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Kate Burns, B.I.D Director

Date

ZONING OFFICER RECOMMENDATION:

_____ Recommend Approval _____ Recommend Denial

Reason for denial: _____

Lee Palo, Zoning Officer

Date



Department of Public Safety

Township of Haddon

Municipal Building

135 Haddon Avenue

Haddon Township, NJ 08108

P. (856) 854-1176 Ext. 4138

F. (856) 854-4532

chief@haddontwppolice.com

Date: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Business Email: _____

Owner/Landlord: _____

Owner/Landlord Phone: _____

Please list three (3) employees and their phone numbers who we may call if we need to contact someone after hours regarding your business.

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone#: _____

Please remember to notify us in the event that any of the provided names or phone numbers change.

Thank you for your cooperation!



EMERGENCY CONTACT INFORMATION



WESTMONT FIRE CO.
W. COLLINGSWOOD HTS. FIRE CO.
COLLINGSWOOD F.D.
AUDUBON PARK FIRE CO.

DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____

PLEASE LIST THREE (3) CONTACTS & PHONE NUMBERS, WHO THE RESPECTIVE FIRE DEPARTMENTS/OFFICIALS CAN CONTACT DURING NORMAL AND/OR AFTER HOUR(S) (24/7) IN THE EVENT ACCESS TO THE PROPERTY OR OWNER/MANAGEMENT IS REQUIRED FOR EMERGENCY PERSONNEL.

THE FIRE DEPARTMENT WILL ACCESS THE PROPERTY WITH THE USE OF THE (KNOXBOX) - RAPID ENTRY SYSTEM IF CIRCUMSTANCES WARRANT, AND NO EMERGENCY CONTACT(S) HAVE RESPONDED IN A REASONABLE TIME, DEPENDENT UPON CONDITIONS.

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

3. NAME: _____ PHONE: _____

PLEASE REMEMBER TO NOTIFY US OR UPDATE ANY/ALL EMERGENCY CONTACTS IF THEY CHANGE THROUGHOUT THE YEAR, AS WELL AS ANY ACCESS CHANGES FOR THE (KNOXBOX) - RAPID ENTRY SYSTEM.

NOTE: ONLY PROPERTIES WITH FIRE ALARM SYSTEMS, PLEASE PROVIDE THE RESET CODE # / PROCEDURE IF AVAILABLE. DO NOT PROVIDE SECURITY SYSTEM INFORMATION!

SYSTEM RESET CODE #/PROCEDURE _____

PLEASE, DO NOT PROVIDE ANY SECURITY SYSTEM CODE(S)/INFORMATION

Haddon Township Bureau of Fire Prevention Office
10 Reeve Avenue, Haddon Twp., NJ 08108
856-833-6269/6276



Zoning Application for New Business

10 Reeve Ave
Haddon Township, NJ 08108
856-833-6266

PLEASE NOTE: INCOMPLETE APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS SUPPLIED. IF APPROVED BELOW THIS DOCUMENT ALSO SERVES AS THE ZONING PERMIT.

Property Information:

Block:_____ Lot:_____ Zoning District:_____ Is this a corner lot? Yes or No

Street Address:_____

Applicant/Owner Information

Applicant Name:_____ Address:_____

Property Owner Name (If different from above):_____

Property Owner Address (If different from above):_____

Applicant/Owner Phone:_____ Cell:_____

Applicant/Owner Email:_____

Nature of Work:

Type of Business:_____

Hours of Operation:_____

Authorization:

(Circle One Please): I am the Property Owner/ Contractor/ Tenant/ Other (Specify_____) making this application. I certify that the owner of record has authorized the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature:_____

Print Name:_____

Date:_____

FOR TOWNSHIP USE ONLY:

Date Received: _____

Fee Amount: _____ Date Paid: _____ Cash/Check #: _____

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



Haddon Township, NJ

Office of the Fire Marshal

Bureau of Fire Prevention
10 Reeve Avenue
Haddon Township, NJ 08108
Office: 856.854.1176 Ext. #6269/6276
Fax: 856.854.8773



BUSINESS/PROPERTY REGISTRATION INFORMATION:

Registration No. # _____ FM OFFICE USE ONLY

PLEASE COMPLETE CLEARLY:

BUSINESS/PROPERTY INFORMATION:

NAME OF BUSINESS: _____
COMPLETE ADDRESS: _____
BUSINESS TELEPHONE #: _____ FAX: _____
BUSINESS EMAIL: _____

BUSINESS OWNER INFORMATION:

OWNER OF BUSINESS: _____
BUSINESS OWNER ADDRESS: _____
TELEPHONE # _____ FAX: _____
EMAIL: _____

BUILDING/PROPERTY OWNER INFORMATION:

PROPERTY OWNER: _____
ADDRESS OF PROPERTY OWNER: _____
TELEPHONE # _____ FAX: _____
EMAIL: _____

DESCRIPTION/TYPE OF BUSINESS:

TOTAL SQUARE FOOTAGE OF PROPERTY (BASEMENT, 1ST FLR., 2ND FLR., ETC...)

(_____)

EMERGENCY CONTACTS AND/OR KEY HOLDERS:

1. NAME _____ TELEPHONE # _____
2. NAME _____ TELEPHONE # _____
3. NAME _____ TELEPHONE # _____

APPLICANT SIGNATURE: _____ DATE: _____