Hoboken Division of Health Vital Statistics and Licensing

124 Grand Street Hoboken, NJ 07030 Tel: (201) 420-2000 ext. 5215 or 5216 Fax: (201) 420-2052

BUSINESS LICENSE APPLICATION

APPLICATION TYPE: ☐ INITIAL ☐ RENEWAL

The undersigned respectfully petitions that you will grant a license to conduct a business as an (a) _____within the corporate limits of the City of Hoboken.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ **PHONE #:** _____

BUSINESS E-MAIL: _____

BUSINESS TYPE: ☐ **SOLE OWNER** ☐ **PARTNERSHIP** ☐ **CORPORATION**

NAME: _____ **PHONE #:** _____

ADDRESS: _____

PARTNERSHIP INFORMATION ONLY

NAME: _____ **NAME:** _____

ADDRESS#: _____ **ADDRESS:** _____

PHONE #: _____ **PHONE #:** _____

CORPORATION INFORMATION ONLY

STATE OF INCORPORATION: _____
Please attach certificate formation/incorporation form

CORPORATE NAME _____

REGISTERED AGENT _____

ADDRESS _____ **PHONE NUMBER** _____

This form MUST be notarized
STATE OF NEW JERSEY (OTHER)
COUNTY OF HUDSON (OTHER)
CITY OF HOBOKEN (OTHER)

BEFORE ME THE UNDERSIGNED CAME, WHO BEING DULY SWORN OR AFFIRMED, DOES DEPOSE AND SAY THAT HE IS DULY AUTHORIZED IN HIS POSITION AS:

STATE TITLE _____ **SIGNATURE** _____

SWORN TO ME ON THIS _____ **DAY OF** _____ **SIGNATURE OF NOTARY**_____

This petition is made for the operator who is entitled to receive a license from the Hoboken Division of Health and agrees to comply with all ordinances of the City of Hoboken and the laws of the State of New Jersey covering such operation and that the statement herein is true and accurate.

FOR OFFICIAL USE ONLY

AMOUNT DUE $_____ DATE_____ RECEIPT # _____ LIC. # _____