



**BUSINESS REGISTRATION APPLICATION**

**GENERAL INFORMATION**

- Application Fee: \$30.00 (Make checks payable to "Washington Township") • Licensing Term: January 1<sup>st</sup> – June 30, 2019
- New **Food Establishment** must provide a copy of Satisfactory Inspection Certificate from the Gloucester County Health Dept.
- P.O. Boxes are not sufficient addresses • **Failure to comply may result in fines and court action.**

**BUSINESS INFORMATION**

Date: \_\_\_\_\_  Initial Application  Renewal Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Federal Tax I.D. \_\_\_\_\_ State Tax I.D. \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Business Owner/Corporation: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mail Renewals to:  Owner Address  Business Address

If Corporation/Partnership:  
Name of President/Partner: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_ Emergency contact person: \_\_\_\_\_

**AFFIDAVIT**

Has any previous Business License in this Township, held by the applicant, been suspended or revoked?  Yes  No If "yes", Please describe: \_\_\_\_\_

The information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and ordinances of the Township of Washington applicable to the operation of said business.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TO:**

**Washington Township Clerk's Office  
Attn: Business Licensing  
P.O. Box 1106  
Turnersville, NJ 08012**

**OFFICE USE ONLY:**

Check #: \_\_\_\_\_

License #: \_\_\_\_\_