

Christine L. Ciallella, RMC
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(856) 589-0520 Ext. 214



Barbara Moore
Deputy Clerk
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(856) 589-0520 Ext. 213

BUSINESS REGISTRATION APPLICATION

GENERAL INFORMATION

- Application Fee: \$30.00 (Make checks payable to "Washington Township") ● Licensing Term: July 1st – June 30th.
- **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.**
- **Zoning Permit is required for newly established business or new/change of ownership.** (Questions can be directed to Clerk's Office)

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: _____ Phone: _____
Emergency Contact Name: _____ Emergency Contact Number: _____

AFFIDAVIT

Is this business a reseller of goods purchased from consumers with the intent to resell to the public? Yes No

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 #: _____