Planning / Zoning

TOWNSHIP OF WASHINGTON / GLOUCESTER COUNTY

MUNICIPAL BUILDING, P.O. BOX 1106, TURNERSVILLE NJ 08012 - **856-589-0520 ext. 2228 or 2233**

Welcome to the Washington Township Business Registration process. Our goal is to make your experience as simple and efficient as possible. You can help us by ensuring that your **application is correct and complete**. Please clearly print or type all necessary information on the application and submit all required documentation. The documentation required is outlined below.

Business Registration Application Checklist

The following documentation **MUST** be included for your Business Registration Application **to be accepted**:

- **Business Registration Application.** Please ensure that the Business Registration Application is completed in its entirety and clearly legible. Please ensure the application has an original "wet signature". Any forms that are incomplete or missing information will be returned.
- **Zoning Permit Approval for Business**
- **Construction Department Approval** – Verify your business has received all prior approvals and no outstanding permits or violations.
- **Certificate of Insurance** – Effective 8/5/2022 - New Jersey law P.L. 2022, c. 92, which institutes a new minimum insurance requirement for owners of businesses and rental units. Current Certificate of Insurance must be submitted along with application. Please note that applications received without certificate will be considered incomplete and will be mailed back. Additionally, incomplete applications will be subject to late fees as outlined in the application guidelines.
- **Food Establishment** must provide a copy of Satisfactory Inspection Certificate from Gloucester County Health Department.
- **$60.00 Application Fee if paid prior to January 1, 2026.** Check made payable to "Washington Township". Acceptable payments are cash, check or money order.
  $110.00 Application and late fee if paid prior to March 1, 2026.
  $160.00 Application and late fee if paid on March 1, 2026 or after.
- **Email** address where Business Registration Certificate is to be sent
- **Mail to:** Planning & Zoning Department, **Business Registrations**, 523 Egg Harbor Road, Sewell NJ 08080. **Incomplete Applications will be returned and subject to late fees as outlined in the application guidelines.**

Review of Application

Once we receive your complete Business Registration Application, we will process and issue a Business Registration Certificate **to the email address you provided on the application.** Please remember to check your spam folder if you do not receive it.

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BUSINESS REGISTRATION APPLICATION

BUSINESS/APPLICANT INFORMATION

☐ Initial Application ☐ Renewal What year did Business open in Washington Twp. _____

Business Name: _____ Type of Business: _____

Description of Business:_____

Address of Business: _____Unit# _____ Block: _____ Lot: _____

City/NJ: _____Zip: _____ Phone: _____ Hours: _____

E-Mail Address: _____Website Address:_____

If initial application - Previous Tenant/Business:_____ Federal Tax I.D. _____

E-Mail Address License will be sent to:_____ State Tax I.D. _____

Applicant/Business Owner Information

Name of Business Owner/Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ **Email License to**: _____

Name of President: _____ Phone: _____

Name of Partner: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

PROPERTY (TAX OWNER) CONTACT INFORMATION

Property Owner Name:_____ Phone:_____

Property Owner Address: _____City:_____ State:_____ Zip:_____

Property Manager of complex or person of contact: _____ Email:_____

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: _____

Must be original signature