



## BUSINESS LICENSE APPLICATION

### GENERAL INFORMATION

- Application Fee: \$50.00 (Make checks payable to "Hainesport Township")
- Licensing Term: January 1<sup>st</sup> - December 31<sup>st</sup>
- **Food Establishment** must provide a copy of Satisfactory Inspection Certificate from the County Health Dept. (for Initial License Only)
- P.O. Boxes are not sufficient addresses for Business Address
- **Failure to comply may result in fines and court action.**

**All Businesses must supply proof of business liability insurance with no less than \$500,000.00 combined property damage and bodily injury. Please attach proof to application**

### BUSINESS INFORMATION

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

### APPLICANT INFORMATION

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

If Corporation/Partnership:  
Name Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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### ADDITIONAL INFORMATION

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there storage/use of any type of hazardous/flammable materials? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, List

materials: \_\_\_\_\_

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 Hainesport applicable to the operation of said business.

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

### HAINESPORT TOWNSHIP MOBILE APP CONTACT INFORMATION

**Please fill out this section if you would like to be listed on our Mobile App Business Directory**  
**Please email any logos to: JKOUTSOURIS@HAINESPORTTOWNSHIP.COM**

#### BUSINESS INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Hours of Operations: \_\_\_\_\_

If you would like to run a deal on the app, please list details in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **I DO NOT WISH TO BE LISTED ON THE MOBILE APP**

**MAIL TO:** Hainesport Township  
Attn: Business Licensing  
One Hainesport Centre  
PO BOX 477  
Hainesport, NJ 08054

#### **OFFICE USE ONLY:**

Check #: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
License #: \_\_\_\_\_