



## **BUSINESS REGISTRATION APPLICATION 2012**

### **GENERAL INFORMATION**

- Application Fee: \$35.00 (Make checks payable to "Mount Laurel 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.
- 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: \_\_\_\_\_ Website: \_\_\_\_\_

### **APPLICANT INFORMATION**

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

Street: \_\_\_\_\_ 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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### **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 Mount Laurel applicable to the operation of said business.

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

#### **MAIL TO:**

Mount Laurel Clerk's Office  
Attn: Business Licensing  
100 Mount Laurel Road  
Mount Laurel NJ 08054

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

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

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