

Borough of Washington



APPLICATION FOR A BUSINESS LICENSE

BUSINESS CONTACT INFORMATION

Name(s) of Business Owner(s):

Company/Business Name:

Phone:

Fax:

E-mail:

Business Owners Address:

City:

State:

ZIP Code:

BUSINESS INFORMATION

Business Type:

Sole proprietorship:

Partnership:

Corporation:

Other:

Street Address:

City/State:

Washington, New Jersey

ZIP Code: 07882

Telephone:

Fax:

E-mail:

Fee Classification: Sq. Footage of interior (**Determines Business License Fee Cost**):

EMERGENCY CONTACT INFORMATION-BUSINESS AND OWNER

Emergency Contact Info Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Property Owner Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

SIGNATURE(S) OF APPLICANT

Printed Name: _____ **Signature:** _____ **Date:** _____

Co-Owner Name: _____ **Signature:** _____ **Date:** _____

ZONING APPROVAL- REQUIRED

Signature:

Date: