Borough of Washington

APPLICATION FOR A BUSINESS LICENSE

SECTION 1: BUSINESS CONTACT INFORMATION			
Name:			
Company/Business Name:			
Phone:	Fax:	E-mail:	
Business Address:			
City:		State:	ZIP Code:
Check Type: ☐ Sole Proprietor ☐ Partnership ☐Corporation ☐ Other:			
SECTION 2: BUSINESS TYPE			
Business Type:			
Street Address:		City/State: Washington, New Jersey	ZIP Code: 07882
How long at current address?			
Telephone:	Fax:	E-mail:	
SECTION 3: 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:	
Fee Classification: Sq. Footage of interior (Determines Business License Fee Cost):			
SECTION 4: SIDEWALK SALE PERMIT (Washington Borough Downtown Redevelopment Area, B-1 & B-2 Districts ONLY**)**			
Retail Area Size: ☐ 10′ and under ($25) ☐ 10′ to 20′ ($50) ☐ Over 20′ ($75) Please attach sketch of layout			
Signature of Property Owner:			
SECTION 5: SIDEWALK DINING LICENSE (Washington Borough Downtown Redevelopment Area, B-1 & B-2 Districts Only**)**			
APPLICATION TYPE: ( ) INITIAL APPLICATION ($100) ( ) RENEWAL APPLICATION ($30) SAME OR SIMILAR LAYOUT			
PLEASE ATTACH SKETCH OF LAYOUT			
Does this establishment serve/sell alcohol? ☐ YES* ☐ NO			
*Please provide copy of liquor license covering the proposed sidewalk dining area			

Signature Of Property Owner:	
SIGNATURE(S) OF APPLICANT	
Printed Name:_____	**Signature:**_____
ZONING APPROVAL	
Signature:	Date: