

OFFICIAL USE ONLY

FEE PAID _____ BUSINESS NAME _____
DATE RECEIVED _____ APPLICATION # _____
RECEIVED BY _____ PARCEL NUMBER(S) _____
ZONING _____

**WILLIAMSTOWN TOWNSHIP
APPLICATION FOR BUSINESS LICENSE (EXISTING)**

NOTICE TO APPLICANT: Applications for Business License must be submitted prior to commencing or continuing business within the Township. This application must be accompanied by the data requirements specified in the Zoning Ordinance (and elsewhere on this form), including 1 site sketch plan, copy of any state required licenses, and required fee. Applications for renewal are due each year by December 31st.

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request review for a business license and provide the following information to assist the review.

NAME OF BUSINESS(S): _____
(attach additional sheets if necessary)

BUSINESS ADDRESS: _____

TELEPHONE NUMBER(S): _____

E-MAIL: _____

INTEREST IN PROPERTY (if not owner): _____

BUSINESS OWNERS (list the name and address of all owners, partners, officers, etc. Attach additional sheet if necessary)

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ E-MAIL: _____

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ E-MAIL: _____

PROPERTY OWNERS (if different than applicant):

NAME (S): _____

MAILING ADDRESS: _____

PHONE: _____ E-MAIL: _____

SIDWELL (PROPERTY ID) NO.: 33-03- _____ ZONING _____

PLEASE DESCRIBE THE NATURE AND RANGE OF THE PROPOSED ACTIVITIES, AS WELL AS ANY POTENTIAL IMPACTS AND ANY OTHER DETAILS THAT MAY ACCURATELY DESCRIBE THE ACTIVITY OF THE BUSINESS. If the space provided is insufficient, please attach a separate sheet. _____

APPROXIMATE SQUARE FOOTAGE _____ # OF EMPLOYEES _____ HOURS OF OPERATION _____

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ARE ANY GOODS OR MATERIALS BEING SOLD, DISPLAYED, STORED, PROCESSED OR MANUFACTURED AT THIS ADDRESS? IF YES, PLEASE EXPLAIN: _____

IS DELIVERY OF ANY GOODS BEING MADE TO THE PREMISES? IF YES, PLEASE EXPLAIN: _____

DOES THE USE REQUIRE THE USE OF ELECTRICAL OR MECHANICAL EQUIPMENT THAT WOULD CHANGE THE FIRE RATING OF THE STRUCTURE? IF YES, PLEASE EXPLAIN: _____

DID THE USE REQUIRE ANY INTERIOR MODIFICATIONS TO THE STRUCTURE? IF YES, PLEASE EXPLAIN: _____

DOES THE USE REQUIRE OUTSIDE STORAGE? IF YES, PLEASE GIVE DETAILS OF STORED MATERIALS, SCREENING AND SIZE: _____

DOES YOUR USE INVOLVE HAZARDOUS CHEMICALS? IF YES, DESCRIBE TYPE, LOCATION OF STORAGE AND ATTACH STATE LICENSES OR PERMITS. _____

THE FOLLOWING MUST BE PROVIDED WITH APPLICATION:

1. Copies of any required state licenses.
2. Non-Refundable Fee: \$75.00

APPLICANT'S ENDORSEMENT:

All of the information contained herein is true and accurate to the best of my knowledge. I understand that my application will not be reviewed unless all information in this application and the Business License Ordinance has been submitted.

Signature of applicant(s)

Date

COMPLIANCE WITH ZONING ORDINANCE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____

PERSONAL PROPERTY TAXES CURRENT _____

DATE _____