

OFFICIAL USE ONLY

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

**WILLIAMSTOWN TOWNSHIP
APPLICATION FOR BUSINESS LICENSE**

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. If the space provided is insufficient, please attach a separate sheet. _____

APPROXIMATE SQUARE FOOTAGE _____ # OF EMPLOYEES _____ HOURS _____

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

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

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

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

WILL THE USE REQUIRE OUTSIDE STORAGE? IF YES, PLEASE GIVE DETAILS OF STORED MATERIALS, SCREENING AND SIZE(must be shown on site plan): _____

WILL THE USE INVOLVE HAZARDOUS CHEMICALS? IF YES, DESCRIBE TYPE, LOCATION OF STORAGE ON SITE PLAN AND ATTACH STATE LICENSES OR PERMITS. _____

THE FOLLOWING MUST BE PROVIDED WITH APPLICATION:

1. One sketch plan, drawn to scale, showing property lines; building/business footprints; sidewalks, driveways, and parking areas; location of proposed activity on the property; and other salient features.
2. Copies of any required state licenses.
3. Plan of any proposed signage, dimensions and location. (new signage will require a building permit)
4. Non-Refundable Fee: \$75.00

PLEASE NOTE:

Additional permits and inspections may be required before issuance of a business license.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO DENY APPLICATION.

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 Zoning Ordinance has been submitted.

Signature of applicant(s) _____

Date _____

BUILDING INSPECTION NEEDED _____	DATE _____
OCCUPANCY PERMIT REQUIRED _____	DATE _____
COMPLIANCE WITH ZONING ORDINANCE _____	DATE _____
AUTHORIZED SIGNATURE _____	DATE _____
PERSONAL PROPERTY TAXES CURRENT _____	DATE _____