

**OFFICIAL USE ONLY**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

BUILDING ADDRESS \_\_\_\_\_ PARCEL NUMBER(S) \_\_\_\_\_

**WILLIAMSTOWN TOWNSHIP  
PROPERTY OWNER LIST OF LESSEES**

NOTICE TO PROPERTY OWNER: The owner of any building within B-1, B-2, I-1, OS-1 and AG-C districts in the Township from which space is leased or any agent utilized by such an owner for such leasing activities, shall on an annual basis file with the Township, on a form prescribed by the Township, a list of all tenants in such building and the principal business of each tenant. This form must be completed and returned to the Township no later than December 31 of each year.

**PROPERTY OWNER INFORMATION:**

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**LIST OF LESSEES (TO BE COMPLETED BY PROPERTY OWNER):**

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE: \_\_\_\_\_ HAZARDOUS CHEMICAL USE OR STORAGE: Y/N TYPE

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE: \_\_\_\_\_ HAZARDOUS CHEMICAL USE OR STORAGE: Y/N TYPE

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE: \_\_\_\_\_ HAZARDOUS CHEMICAL USE OR STORAGE: Y/N TYPE

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE: \_\_\_\_\_ HAZARDOUS CHEMICAL USE OR STORAGE: Y/N TYPE

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE: \_\_\_\_\_ HAZARDOUS CHEMICAL USE OR STORAGE: Y/N TYPE

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE: \_\_\_\_\_ HAZARDOUS CHEMICAL USE OR STORAGE: Y/N TYPE

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE: \_\_\_\_\_ HAZARDOUS CHEMICAL USE OR STORAGE: Y/N TYPE

**(ATTACH ADDITIONAL LISTS OF TENANTS AS NEEDED)**

**PLEASE NOTE:**

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

APPLICANT'S ENDORSEMENT:

All of the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Date

BUILDING INSPECTION NEEDED \_\_\_\_\_ DATE \_\_\_\_\_

OCCUPANCY PERMIT REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_

COMPLIANCE WITH ZONING ORDINANCE \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERSONAL PROPERTY TAXES CURRENT \_\_\_\_\_ DATE \_\_\_\_\_