

TOWNSHIP OF HAMILTON
6101 THIRTEENTH STREET
MAYS LANDING, NEW JERSEY 08330
609-625-1511

FEE \$: _____

LIC. #: _____

DATE: _____

BUSINESS REGISTRATION APPLICATION
(PLEASE FILL OUT COMPLETELY)

TRADE NAME OF BUSINESS TO BE LICENSED: _____

IF AT FIXED LOCATION, ON WHAT STREET IS BUSINESS LOCATED: _____

MAILING ADDRESS OF BUSINESS: _____

BLOCK: _____ LOT: _____ BUSINESS PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

PLEASE LIST TWO (2) EMERGENCY PHONE NUMBERS: _____

IF PREMISES ARE LEASED, STATE NAME AND ADDRESS OF OWNER: _____

IF A SOLE PROPRIETERSHIP, NAME; HOME ADDRESS; SOCIAL SECURITY NUMBER OF OWNER: _____

IF A CORPORATION, NAME AND ADDRESS OF REGISTERED AGENT: _____

CORPORATE NAME: _____

ADDRESS OF HOME OFFICE: _____

APPLICANTS NAME AND POSITION IN BUSINESS: _____

IF APPLICANT IS EMPLOYED BY ANOTHER, LIST NAME AND ADDRESS OF EMPLOYER: _____

HAS ANYONE LISTED IN THE APPLICATION EVER BEEN CONVICTED OF AN OFFENSE UNDER THE CRIMINAL STATUTES OF THE UNITE STATES, STATE OF NEW JERSEY OR ANY OTHER STATE:

YES _____ NO _____

IF ANSWER IS YES, PLEASE STATE NAME OF PERSON SO CONVICTED, NATURE AND NUMBER OF CONVICTIONS, INCLUDING DATE AND PLACE OF CONVICTION AND PENALTY OR PUNISHMENT IMPOSED: (IF NECESSARY, PLEASE USE REVERSE SIDE OF THIS APPLICATION TO COMPLETE YOUR ANSWER: _____

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IS PROPERTY IN ACTIVE USE?:

YES _____ NO _____

DESCRIBE THE BUSINESS, GOODS, PROPERTY OR SERVICES TO BE SOLD OR SUPPLIED IN DETAIL: _____

IS THE BUSINESS IN ANY MANNER INVOLVED IN THE HANDLING, STORING, SALE, OR LEASING OF ANY HAZARDOUS AND/OR EXPLOSIVE MATERIALS?:

YES _____ NO _____

IF ANSWER IS YES, PLEASE ITEMIZE HEREIN THE PARTICULAR MATERIALS INVOLVED: _____

DOES THE APPLICANT MAINTAIN THAT THE SUBJECT BUSINESS IS EXEMPT FROM THE TOWNSHIP OF HAMILTON BUSINESS REGISTRATION ORDINANCE IN THE FACT THAT IT IS OTHERWISE REGULATED BY THE STATE OF NEW JERSE, WHICH REGULATION PREEMPTS ANY MUNICIPAL REGULATION:

YES _____ NO _____

IF ANSWER IS YES, PLEASE GIVE DETAILS INCLUDING CITING THE APPROPRIATE STATE STATUTE OR OTHER REGULATION: _____

DOES THE APPLICANT MAINTAIN THAT THE BUSINESS IS SUBJECT TO OTHER LICENSING ORDINANCES OF THE TOWNSHIP OF HAMILTON AND ACCORDINGLY IS EXEMPT FROM THE PAYMENT OF THE BUSINESS REGISTRATION FEE

YES _____ NO _____

IF ANSWER IS YES, PLEASE GIVE DETAILS INCLUDING THE SPECIFIC MUNICIPAL ORDINANCE UPON WHICH APPLICANT APPLIES: _____

BUSINESS REGISTRATION PROCESS

This application shall be filed with the Township Clerk's Office who shall file her findings and recommendations with the Township Committee, which Township Committee shall decide to grant or deny the Business Registration License. Recommendations to the Township Committee shall be made within thirty (30) days of the receipt of the complete application and if the Clerk recommends denial of the license, the reasons for that denial shall be forwarded to the applicant in writing and a hearing date shall be established in accordance with the Township of Hamilton Business Registration Ordinance, at which time the applicant shall be permitted to present evidence on behalf of his application.

Business Registration Fee: A check or Money Order in the amount of **Twenty Five (\$25.00)** made payable to the "TOWNSHIP OF HAMILTON" shall be enclosed with this application which represents the Business Registration fee covering the period of one (1) year and is intended to defray a portion of the cost administering the registration of business in the Township of Hamilton. Fee application shall not be deemed complete without the enclosure of said fee.

PLEASE INCLUDE THE FOLLOWING:

- (1) **NEW JERSEY SALES TAX CERTIFICATE IS REQUIRED**
- (2) **STATEMENT FROM TAX COLLECTOR THAT TAXES ARE CURRENT ON THE PROPERTY WHERE BUSINESS IS LOCATED.**
- (3) **ATLANTIC COUNTY BOARD OF HEALTH CERTIFICATION FOR BUSINESSES SELLING FOOD**

SIGNATURE OF APPLICANT: _____

DATE: _____

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PARTNERSHIP/CORPORATE OWNERSHIP STATEMENT
(PROVIDE ADDITIONAL SHEETS AS NECESSARY)

PRINT Complete information on **all** partners, stockholders, officers or directors must be provided.

NAME: _____
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)
HOME ADDRESS: _____
ZIP CODE: _____
HOME PHONE NO.:(_____) - _____ OFFICE/BUSINESS PHONE NO.:(_____) - _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ BIRTH DATE: ____/____/____
CHECK THE POSITION THAT APPLIES: _____ PARTNER _____ STOCKHOLDER _____ PRESIDENT
_____ VICE PRESIDENT _____ SECRETARY _____ TREASURER _____ DIRECTOR _____ TRUSTEE
_____ MANAGER _____ AGENT _____ OTHER (SPECIFY) _____
% OF BUSINESS ONWED: _____ % NUMBER OF SHARES ONWED/CONTROLLED: _____

NAME: _____
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)
HOME ADDRESS: _____
ZIP CODE: _____
HOME PHONE NO.:(_____) - _____ OFFICE/BUSINESS PHONE NO.:(_____) - _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ BIRTH DATE: ____/____/____
CHECK THE POSITION THAT APPLIES: _____ PARTNER _____ STOCKHOLDER _____ PRESIDENT
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_____ MANAGER _____ AGENT _____ OTHER (SPECIFY) _____
% OF BUSINESS ONWED: _____ % NUMBER OF SHARES ONWED/CONTROLLED: _____

NAME: _____
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)
HOME ADDRESS: _____
ZIP CODE: _____
HOME PHONE NO.:(_____) - _____ OFFICE/BUSINESS PHONE NO.:(_____) - _____
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ZIP CODE: _____
HOME PHONE NO.:(_____) - _____ OFFICE/BUSINESS PHONE NO.:(_____) - _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ BIRTH DATE: ____/____/____
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