

**Borough of Washington**



**APPLICATION FOR A BUSINESS LICENSE**

**BUSINESS CONTACT INFORMATION**

Name:

Company/Business Name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Check mark below applicable type: 

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS TYPE**

Business Type:

Street Address:

City/State: Washington, New Jersey

ZIP Code: 07882

How long at current address?

Telephone:

Fax:

E-mail:

**NAME OF RECYCLING AND WASTE HAULER(S):**

**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 (if Retail Business):

SIGNATURE(S) OF APPLICANT

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

ZONING APPROVAL

Signature:

Date: