

Borough of Washington



APPLICATION FOR A BUSINESS LICENSE

SECTION 1: BUSINESS CONTACT INFORMATION

Name:

Company/Business Name:

Phone:

Fax:

E-mail:

Business Address:

City:

State:

ZIP Code:

Check Type:  Sole Proprietor  Partnership  Corporation  Other:

SECTION 2: BUSINESS TYPE

Business Type:

Street Address:

City/State: Washington, New Jersey

ZIP Code: 07882

How long at current address?

Telephone:

Fax:

E-mail:

SECTION 3: 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 (Determines Business License Fee Cost):

SECTION 4: SIDEWALK SALE PERMIT (Washington Borough Downtown Redevelopment Area, B-1 & B-2 Districts ONLY)

Retail Area Size:  10' and under (\$25)  10' to 20' (\$50)  Over 20' (\$75) Please attach sketch of layout

Signature of Property Owner:

SECTION 5: SIDEWALK DINING LICENSE (Washington Borough Downtown Redevelopment Area, B-1 & B-2 Districts Only)

APPLICATION TYPE: ( ) INITIAL APPLICATION (\$100) ( ) RENEWAL APPLICATION (\$30) SAME OR SIMILAR LAYOUT

PLEASE ATTACH SKETCH OF LAYOUT

Does this establishment serve/sell alcohol?  YES\*  NO

\*Please provide copy of liquor license covering the proposed sidewalk dining area

Signature Of Property Owner:

SIGNATURE(S) OF APPLICANT

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

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

ZONING APPROVAL

Signature:

Date: