

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 A FIXED LOCATION, ON WHAT STREET IS BUSINESS LOCATED: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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 THIS APPLICATION EVER BEEN CONVICTED OF AN OFFENSE UNDER THE  
CRIMINAL STATUTES OF THE UNITED 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 APPLICANT MAINTAIN THAT THE SUBJECT BUSINESS IS EXEMPT FROM THE TOWNSHIP OF HAMILTON BUSINESS REGISTRATION ORDINANCE IN THAT IT IS OTHERWISE REGULATED BY THE STATE OF NEW JERSEY, 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 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 \_\_\_\_\_

**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 OWNED % NUMBER OF SHARES OWNED/CONTROLLED \_\_\_\_\_

NAME: \_\_\_\_\_  
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

HOMEADDRESS: \_\_\_\_\_  
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 OWNED % NUMBER OF SHARES OWNED/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

Vice President Secretary Treasurer Director Trustee

Manager Agent Other (specify) \_\_\_\_\_

% OF BUSINESS OWNED % NUMBER OF SHARES OWNED/CONTROLLED \_\_\_\_\_