



DENVILLE BUSINESS LICENSE APPLICATION

Township of Denville
1 St. Mary's Place
Denville, NJ. 07834
973.625.8300 ext. 251
\$125.00 Fee

Name of Business : _____ Block: _____ Lot: _____

Address: _____ Floor: _____ Unit No.: _____

Description of Use: _____

circle uses Retail Professional Service Warehouse Office Storage *

* If Storage, What will be stored: _____

Sq. Ft. _____ Total parking spaces _____ Spaces for this business _____
of business

Previous Occupant: _____ Previous Use: _____

Owner of Business _____

Home Address: _____

Home Phone No.: _____ Bus. Phone No.: _____

Federal Employer ID # or SS# _____

Mailing Address: _____

Owner of Property: _____

Home Address: _____

Home Phone No.: _____ Bus. Phone No.: _____

Emergency Contact and Phone Number: _____

Signature of Applicant _____

Print Name _____

FOR OFFICE USE ONLY

ZONE _____

REQUIRED PARKING SPACES _____

Zoning Officer

Fire Official

Health Officer

Business Name: _____

Address: _____

Block & Lot : _____

Will your business have any of the following?

- | | | |
|---|---|---|
| Y | N | Food Sales and/or Food preparation |
| Y | N | Mobile food truck |
| Y | N | Vending machines (any type of food) |
| Y | N | Swimming Pool or Spa |
| Y | N | Tattooing, Piercings and/or Permanent Cosmetics |
| Y | N | Tanning Facilities/beds |
| Y | N | Kennels/pet shops/animal shelter |
| Y | N | Youth Camp |
| Y | N | Child Care Center/school |
| Y | N | Septic System |
| Y | N | Private Well |
| Y | N | Outdoor Storage |
| Y | N | Company Vehicles on site |
| Y | N | New Signage |

Signature of Applicant

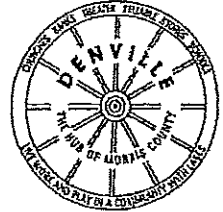
Date

Print Name



Denville Township Police Department

1 St. Mary's Place
Denville, NJ 07834
973-627-4900
973-627-1960 (FAX)



EMERGENCY NOTIFICATION INFORMATION FOR BUSINESSES (CONFIDENTIAL)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE #: _____ BUSINESS FAX #: _____

BUSINESS E-MAIL ADDRESS: _____

EMERGENCY CONTACTS:

| NAME | HOME PHONE # | CELL PHONE # | CONTACT TYPE <small>(Owner, Manager, Employee or Other)</small> |
|----------|--------------|--------------|--|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

ALARMS:

NONE BURGLAR HOLD-UP/PANIC FIRE OTHER: _____

ALARM COMPANY NAME: _____

ALARM COMPANY PHONE #: _____

COMMENTS:

DATE COMPLETED: _____ COMPLETED BY: _____

Fire Prevention Bureau
Township of Denville
One Saint Mary's Place
Denville, New Jersey 07834
Phone (973) 625-8300 x257

APPLICATION FOR REGISTRATION OF BUSINESS

(please print or type all information)

The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

this area office use only

Local I.D.#: _____ State I.D.#: _____ Date Registered: _____

Business Name: _____
Street Address: _____
_____ Phone #: _____

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: _____
Federal I.D. Number: _____ Phone #: _____
Street Address: _____

Business Owner's Name: _____
Federal I.D. Number: _____ Phone #: _____
Street Address: _____

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____

Emergency Contacts:
#1: _____ Phone #: _____
#2: _____ Phone #: _____
#3: _____ Phone #: _____

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.