

NORTH BRUNSWICK TOWNSHIP

General Licensing Ordinance

Chapter 212-3-B

**BUSINESS--Includes all kinds of vocations, occupations, commercial enterprises and establishments and all other kinds of commercial activities, together with all devices, machines, vehicles and appurtenances used therein, any of which are conducted for private profit or benefit, either directly or indirectly, on any premises of the township or anywhere else within its jurisdiction. All professions licensed by the State of New Jersey are exempt from the provisions of this chapter. [Amended 7-21-1958; 9-15-1997 by Ord. No. 97-14]**

Chapter 212-6-B

All businesses, except those specifically enumerated below, shall pay a basic annual license fee of \$50. In addition, all retail operations, entertainment and recreational uses and food establishments which exceed 2,000 square feet in floor area devoted to customer use shall pay an additional license fee of \$0.06 for each square foot in excess of 2,000 square feet which is devoted to customer use. Areas devoted to customer use shall include, but not be limited to, sales floor space, display areas, checkout areas, seating and waiting areas and activity participation areas. Those businesses enumerated below shall pay in accordance with the fee specified herein:

<u>Business Description</u>	<u>Basic Annual License Fee</u>
All businesses not classified or enumerated.....	\$ 50.00
Alcoholic beverage sales (including restaurant/bars) .....	500.00
Automobile sales .....	250.00
Bowling alleys .....	250.00
Gasoline service stations and/or repair shops.....	250.00
Hotels.....	250.00
Massage, Bodywork and Somatic Therapies .....	500.00
Massage Therapists .....	100.00
Movie theaters .....	250.00
Mobile foods service (ice cream, hot dog trucks, including stands and/or wagons) .....	150.00
Limousine services .....	50.00
Pawnbrokers & Precious Metal & Gems Buyer.....	100.00
Taxi Cab Services (owners).....	50.00
Seasonal sales (farm products, trees, wreaths, etc.).....	25.00
Sidewalk and food sales .....	25.00
Restaurants and food sales.....	250.00
Warehouse/distribution facilities.....	250.00

Chapter 213-5

Limousine services shall also pay a fee of \$50 for each certified letter issued and an additional \$10.00 for each car covered under the required insurance policy.

Chapter 212-7-A

For the purpose of this chapter, any person shall be deemed to be in business and thus subject to the requirements of § 212-4 when he does one act of:

- 1) Selling any goods or service;
- 2) Soliciting business or offering goods or services for sale; or
- 3) Acquiring or using any vehicle or any premises in the township for business purposes.

Note: Canvassing and Soliciting, see Ch. 143  
Hawking and Peddling, see Ch. 188

**NORTH BRUNSWICK TOWNSHIP -- OFFICE OF THE TOWNSHIP CLERK  
2014 -2015 BUSINESS, MERCHANT'S AND / OR FOOD VENDOR'S LICENSE & RENEWAL APPLICATION**

**effective date:** 8/1/14 - 7/31/15      **PLEASE FILL IN ALL SPACES**      **FEE** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Zoning Use Number:** \_\_\_\_\_ **Date Issue:** \_\_\_\_\_

**\*\*\*\*INFORMATION IN THE BOX BELOW MUST BE PROVIDED\*\*\*\***

If business is a warehouse, total square feet of storage space:  
If business is a store, list total square feet of sales floor space:

**IF APPLICABLE:**

**List Number of Vending Machines:**      Food \_\_\_\_\_      Beverage \_\_\_\_\_      Jukebox \_\_\_\_\_  
(Inspections will be made at all  
Businesses)

Cigarette \_\_\_\_\_      Amusement \_\_\_\_\_

**LIST NAME AND ADDRESS OF ALL COMPANIES THAT OWN AND OPERATE THE ABOVE-REFERENCED MACHINES.**

**\*\*ALL FOOD HANDLERS: PLEASE COMPLETE THIS SECTION**

If your business is food related or has a staffed cafeteria, please list the employees who have completed the required food handling management course and date of completion. **PLEASE ATTACH A COPY OF CERTIFICATION**

**\*\*CATERING / ICE CREAM / FOOD VENDOR TRUCKS / LIMOUSINES / TAXIS: PLEASE COMPLETE THIS SECTION**

License Plate Number(s) of Car / Truck(s) to be licensed:

**NOTE:** Ice cream truck operator's must complete police department form in compliance with title 39: chapter 4, section 128.

**\*\*THE APPLICANT FOR THIS LICENSE HEREBY CERTIFIES THAT THE BUSINESS OPERATION DESCRIBED HEREIN FOR WHICH A LICENSE IS APPLIED FOR SHALL NOT PERMIT ANY PERSON ACTUALLY PRESENT IN THE BUSINESS PREMISES TO APPEAR IN A STATE OF NUDITY.\*\***

**APPLICANT SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*FOR TOWNSHIP USE ONLY\*\***

**Approvals:**      **Zoning Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
                         **Health Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE MAKE OUT PAYMENT TO:**

**NORTH BRUNSWICK TOWNSHIP  
RETURN APPLICATION AND APPROPRIATE: MUNICIPAL CLERK'S OFFICE  
710 HERMANN ROAD  
NORTH BRUNSWICK, N.J. 08902**

**LICENSE NO.:**

**DATE ISSUED:**

**To: North Brunswick Business / Property Owners**  
**From: Cynthia Baumgartner / Police Records**  
**Subject: Emergency Service Form**

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**Dear Business Owner:**

**We are requesting your cooperation in completing the attached confidential form, which will be used to contact a "Key Holder" in the event an emergency should occur at your place of business after hours.**

**Should you have any questions, please contact:  
Police Records Department at (732) 247- 0922, ext. 415, or the  
Municipal Clerk's Office at 732-247- 0922, ext. 470.**

**Thanking you in advance for your cooperation in this matter.**

NORTH BRUNSWICK EMERGENCY SERVICES

DATE: \_\_\_\_\_

COMPANY NAME : \_\_\_\_\_

Street Address: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ & \_\_\_\_\_

Suite Unit: \_\_\_\_\_ Floor: \_\_\_\_\_

Company Phone # \_\_\_\_\_

Company Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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Main Contact Person: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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1st Alternate Key Holder: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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2nd Alternate Key Holder: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Information: \_\_\_\_\_

Alarm System Name: \_\_\_\_\_

Burglar: Y or N

Fire: Y or N