

**NORTH BRUNSWICK TOWNSHIP -- OFFICE OF THE TOWNSHIP CLERK
2017 -2018 BUSINESS, MERCHANT'S AND/OR FOOD VENDOR'S LICENSE & RENEWAL APPLICATION**

Effective dates: 8/1/17 - 7/31/18 **PLEASE FILL IN ALL SPACES** **FEE:** _____

Late fees apply to all renewals as of September 1st, 2017

Business Name: _____ Phone #: _____

Type of Business: _____

Name of Business Owner: _____ Phone #: _____

Contact at Corporate Office: _____ Fax #: _____

Corporate Mailing Address: _____

Address of Business Location (Local): _____

E-Mail for Renewals: _____ Phone _____

Owner of Property: _____

SIGNATURE OF BUSINESS OWNER : (REQUIRED) _____ **Date:** _____

******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 _____
(includes machines for customers or employees)
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. APPLICATION WILL BE SENT BACK IF NO CERTIFICATION IS ATTACHED.

****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.
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****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.****

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

Approvals: Zoning Officer: _____ Date: _____ Health Inspector: _____ Date: _____
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PLEASE MAKE OUT PAYMENT TO: North Brunswick Township
RETURN APPLICATION AND APPROPRIATE FEE TO:
MUNICIPAL CLERK'S OFFICE
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

LICENSE NO.:
DATE ISSUED: