



BUSINESS LICENSE APPLICATION

Application is hereby made for a License to permit, conduct or operate a _____ in the Borough of Old Tappan, New Jersey. *A separate application must be made for each operation.*

- 1) Name of Applicant: _____
- 2) Address of Business to be Licensed: _____
- 3) Home Address: _____ Phone No. _____
- 4) This Application is made as: (Check one) Individual Partnership Corporation
- 5) If a Firm or Partnership, give names and addresses of all members:

- 6) Are all members citizens of the United States? Yes No
- 7) Have any members been convicted of a crime? Yes No

I hereby certify that all the foregoing statements made by me are true.

Signature of Applicant

For Borough Use Only

Fee Paid: _____ Check No. _____ Date: _____ License No. _____

APPROVED BY HEALTH OFFICER (New Business Only):

Signature Date: _____

APPROVED BY BUILDING/ZONING DEPARTMENT:

Signature Date: _____