

APPLICATION SUBMITTED:

- In Person (at counter)
- Electronically (Web / email)
- US Mail



DATE / TIME STAMP

BUSINESS REGISTRATION APPLICATION

NON-REFUNDABLE REGISTRATION FEE - \$200

A new business may not open without first obtaining a Business Registration Certificate. Once submitted to the Township, this application will be reviewed by the Planning and Building departments, and a site inspection will be scheduled and conducted. A Business Registration Certificate will only be issued if the use and site comply with applicable codes. You will be contacted within 10 days of application submission regarding the status of the application and / or Certificate.

NAME OF BUSINESS	BUSINESS ADDRESS
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SECTION A: BUSINESS OWNER / CORPORATE AGENT INFORMATION

BUSINESS OWNER / CORPORATE AGENT FULL NAME (PRINTED)

BUSINESS OWNER / CORPORATE AGENT ADDRESS	CITY	STATE	ZIP
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BUSINESS OWNER / CORPORATE AGENT MAILING ADDRESS	CITY	STATE	ZIP
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PHONE	EMAIL
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SECTION B: 24-HOUR EMERGENCY CONTACT (OTHER THAN BUSINESS OWNER / CORPORATE AGENT)

EMERGENCY CONTACT FULL NAME (PRINTED)

PHONE	EMAIL
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SECTION C: PROPERTY OWNER CHECK HERE IF SAME AS ABOVE

PROPERTY OWNER FULL NAME (PRINTED)

ADDRESS	CITY	STATE	ZIP
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PHONE	EMAIL
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COMPLETE ALL PAGES (1 OF 3)

SECTION D: OWNERSHIP

PROOF OF OWNERSHIP MUST BE PROVIDED. IF YOU DO NOT OWN THE PROPERTY, A COPY OF YOUR SIGNED LEASE MUST BE PROVIDED. ALL FINANCIAL AND OTHER SENSITIVE INFORMATION MAY BE REDACTED.

LEASE / OPTION TO PURCHASE PROVIDED? YES NO

SECTION E: TYPE OF BUSINESS

1. Explain the nature and kind of business to be conducted: _____

2. List the nature and character of goods, wares and merchandise to be sold, offered for sale or services to be provided:

3. Will any hazardous materials be stored, kept or used at the business establishment premises? Hazardous materials are those chemicals or substances defined as such in the International Fire Code adopted by reference in Section 30-26 of the Township Code of Ordinances.

NO YES IF YES, LIST ALL HAZARDOUS MATERIALS: _____

BUSINESS HOURS: _____ NUMBER OF EMPLOYEES ON PREMISES: _____



SIGNATURE OF APPLICANT

PRINTED NAME

DATE

COMPLETE ALL PAGES (2 OF 3)

SECTION F: BS&A

AT THE TIME AN APPLICATION AND SUPPORTING DOCUMENTATION ARE RECEIVED BY A TOWNSHIP REPRESENTATIVE, THE REPRESENTATIVE SHOULD SCAN THE COMPLETED APPLICATION FORM AND ANY RELATED PAPERWORK INTO BS&A AND INPUT IT ALL UNDER THE PROPERTY ADDRESS

FILED INTO BS&A

SECTION G: TOWNSHIP USE ONLY

 _____ APPROVED DENIED
ZONING COORDINATOR DATE

COMMENTS: _____

 _____ APPROVED DENIED
BUILDING OFFICIAL DATE

COMMENTS: _____

 _____ APPROVED DENIED
FIRE MARSHAL DATE

COMMENTS: _____

COMPLETE ALL PAGES (3 OF 3)