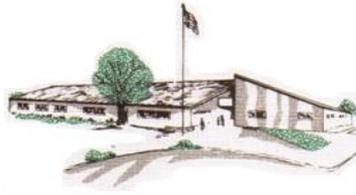


# TOWNSHIP OF WATERFORD

2131 Auburn Avenue  
Atco, NJ 08004-1900

[clerk@waterfordtp.org](mailto:clerk@waterfordtp.org)



Phone: (856)768-2300  
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*Est. 1694*

## NEW BUSINESS REGISTRATION & PERMIT APPLICATION

FOR TERM OF JANUARY 1, 2016 through DECEMBER 31, 2017

**\$50 - 2 year Registration** check payable to Township of Waterford-Clerk's Office

**\$35 - New Registration Zoning Permit** check payable to Township of Waterford-Zoning Office

**Instructions** - Please complete the following form in its entirety and return it to the Township of Waterford, Business Registration Department, 2131 Auburn Avenue, Atco, New Jersey 08004. If you have been issued a professional license or certification by the State of New Jersey, provide a copy of the valid license certificate and the \$50 municipal registration fee will be waived.

BUSINESS NAME: \_\_\_\_\_

TYPE OF BUSINESS: (be specific) \_\_\_\_\_

CHECK APPROPRIATE TYPE:      HOME OCCUPATION [  ]      COMMERCIAL PROPERTY [  ]

# OF EMPLOYEES \_\_\_\_\_ # OF COMMERCIAL VEHICLES \_\_\_\_\_ HOURS OF OPERATION \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

MAILING ADDRESS (If different from above): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

NAME OF BUSINESS OWNER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S PHONE: \_\_\_\_\_

BUSINESS'S REGISTERED AGENT: \_\_\_\_\_

AGENT'S ADDRESS: \_\_\_\_\_ AGENT'S PHONE: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S PHONE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF BUSINESS OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ZONING OFFICIAL APPROVAL

\_\_\_\_\_  
DATE