## Borough of Matawan 201 Broad Street Matawan, NJ 07747



(732) 566-3898 (732) 290-7585 (Fax)

# APPLICATION FOR BUSINESS LICENSE

Non-Refundable Application Fee: \$50.00

# PLEASE READ CAREFULLY:

- Application Must Be Filled Out Completely And Legibly.
- Any Omissions And/Or Errors Will Result In The Delay Of The Application Process.
- Please complete both sides of the Application.
- Please Refer To <a href="www.matawanborough.com">www.matawanborough.com</a> Code Book Chapter 4 Licensing For General Rules And Regulations.
- Kindly Return Your Completed Application With Cash, Check Or Money Order Payable To:

The Borough of Matawan

## **Borough of Matawan**

201 Broad Street, Matawan, NJ 07747 PHONE (732) 566-3898 FAX (732) 290-7585



#### Karen Wynne, RMC Municipal Clerk

karen.wynne@matawanborough.com

## APPLICATION FOR BUSINESS LICENSE

	_	Website Address
and/or <b>Name, Addr</b>	ess & Telephone Num	ber of Registered Agen
Number (if used for busing	iness)	
ervices to be sold)		
f-the-Day Which the	Licensed Activity will	be Conducted
applicant	Emerg	ency Phone Number
nil Address of Applic	cant	
t Individual & Emer	rgency Telephone Nun	nber
e Number of Garbag	ge Hauler (need this informati	on in order to process application):
e Number of Recycli	ing Hauler (need this informa	tion in order to process application)
		Date
(DO NOT WRITE BELOW T	THIS LINE - OFFICE USE ONLY)	
	Number (if used for bus rvices to be sold)  f-the-Day Which the applicant  all Address of Applic t Individual & Emer e Number of Garbag e Number of Recycli	f-the-Day Which the Licensed Activity will

# Matawan Police Department 150 Main Street Matawan, NJ 07747 www.matawanpolice.org

PHONE (732) 566-1010

FAX (732) 566-4038

# **BUSINESS EMERGENCY INFORMATION**

Business/Organizat	ion Name:				
Street Addres	ss:				
	Street	City	State	Zip	
Phone No.: _	Fax No				
Owner's Name:					
Home Addre	ss:				
	Street	City	State	Zip	
Phone No.:		Fa	Fax No		
	y during non-business h				
FIRST:	Name:				
	Address:				
	Home Phone:	w	ork Phone:		
SECOND.					
SECOND:	Name:				
	Address:				
	Home Phone:	W	ork Phone:		
THIRD;	Name:				
	Address:				
	Home Phone:	W	ork Phone:		
ALARM SYSTEM II	N BUSINESS: Yes:	No: TYPE: Fit	re Burglar	Hold Up Other	
ALARM CO. NAMI	E:				
PHONE NO.:					
FILL I	N BELOW IF THE BU	SINESS PROPERTY 1	IS RENTED OR I	LEASED	
NAME OF BUILDING/PROPERTY OWNER:					
DIJONE NO .			:		