



The BOROUGH of HIGHLAND PARK

APPLICATION FOR GENERAL BUSINESS LICENSE
NEW _____ RENEWAL (By March 1, 20--)_ _____

Name of Applicant _____
(Individual name, names of partners, corporate name)

Company or Trade Name if _____ Bus. _____
Different from Above _____ Phone _____

Location to be Licensed _____

Principal line of business upon which
Classification of License is based _____

CONTACT IN EVENT OF EMERGENCY: _____
(Name) (Phone)

(Address)

PRINCIPALS OF BUSINESS: Supply info on each Principal – Use separate sheet, if necessary

Name _____ Home Phone # _____

Home Address _____

Social Security # _____ Driver's License # _____

Name _____ Home Phone # _____

Home Address _____

Social Security # _____ Driver's License # _____

Amount of Fee Enclosed: \$ _____

MAKE CHECK PAYABLE TO: *The Borough of Highland Park*

**And MAIL TO: 221 South 5th Avenue
Highland Park, NJ 08904**

It is hereby certified that the business conducted or to be conducted complies with all existing laws and ordinances of both the State of New Jersey and the Borough of Highland Park and all agencies and boards thereof.

Signed: _____
Name Title

.....FOR OFFICE USE ONLY.....

I recommend that the
license be granted/denied: _____
Chief of Police Date

Zoning Approval: _____
Zoning Officer Date

License No. _____ Issue Date: _____

***The* BOROUGH of HIGHLAND PARK**

County of Middlesex, State of New Jersey

P.O. BOX 1330

HIGHLAND PARK, NEW JERSEY 08904

TEL. (732) 572-3400

FAX (732) 777-6017

<http://www.hpboro.com>

RENTAL PROPERTY OWNER REGISTRATION SHEET

Property Information: Block/Lot: _____ Date: _____
Building/Apt Complex Name: _____
Address: _____
Phone #: _____ Fax: _____
Number of Dwelling Units: _____

Owner Information:

Owner in Title: _____
Address: _____
Phone#: _____ (at least one number must be 24 hour accessible)
Cell/Pager: _____

If the owner is other than an individual, the Registered Agent who will accept all the legal notices on the owners behalf:

Registered
Agent: _____
Address: _____

Phone
#: _____

Cell/Pager: _____

Managing Agent:(if applicable)

Agent Name: _____
Address: _____
Phone#: _____
Cell/Pager: _____

Super/Custodian/Janitor: (person who is responsible for repairs and the general upkeep of the premises)

Sup/Cus/Janitor Name: _____
Address: _____
Phone #: _____ (at least one number must be 24 hour accessible)
Cell/Pager: _____

Individual Representative of the Owner: who may be contacted in the event of an emergency. This person will only be contacted if we cannot reach the owner/Registered Agent/Managing Agent. This person should have the authority to make decisions regarding the premises and any expenditure necessary for emergency repair.

Name: _____ Phone: _____

Return this form to: THE BOROUGH OF HIGHLAND PARK, Dept. of Code Enforcement, 221 S. FIFTH AVE, HIGHLAND PARK, NJ, 08904