

City of Pleasantville
Office of the City Clerk
18 N. First Street
Pleasantville, NJ 08232
(609) 484-3600

BUSINESS REGISTRATION INSTRUCTIONS

1. Please complete and sign application.
2. Prior to the issuance of a business registration certificate, a Certificate of Occupancy must be filed with the Building Department. Licensing regulations require that all premises be inspected and approved.
3. A Corporate Officer, Business Owner, Partner or Local Manager of Franchise are permitted to file as the applicant.

This person (not State licensed) must file an electronic (online) Criminal History Record from the New Jersey State Police. Upon completion of your request, you must provide a confirmation printout from the website (if needed request form).

4. A copy of the State License Certificate for the specialized service.
5. A copy of the Board of Health Certificate (if applicable).
6. All documentation must be submitted before any application will be processed. No business will be permitted to operate until the Business Registration Certificate is issued by the City Clerk.
7. The Office of the City Clerk will contact the applicant after the application has been processed. Be sure to provide a current telephone number with your application.



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BUSINESS REGISTRATION APPLICATION

Owner/Proprietor Name _____

Trading As _____

Business Address _____

Block _____ Lot _____ Business phone #: _____

Mailing Address of Business (if different from above) _____

Federal Tax I.D. Number: _____ State Tax I.D. Number: _____

Name, home address and phone# of applicant: _____

Have you ever been convicted of any Crimes/Misdemeanors Yes ___ No ___ If yes, indicate date and nature of the crime and penalty or punishment imposed _____

Type of Business: _____ Hours of operation _____ Days of week _____

Vending Machines: Yes ___ No ___ No. of machines _____ NAICS # _____

Does the applicant maintain another business in the City of Pleasantville: Yes ___ No ___

Please list the name, address and telephone # of manager (if applicable): _____

_____ Manager's Lic/Reg/Cert #: _____

List (3) three business references including name, address and telephone number:

Are you located in the UEZ (Urban Enterprise Zone)? Yes ___ No ___ Unknown ___

Are you a member of the Urban Enterprise Zone? Yes ___ No ___

If you are not the owner of the premises, list name, address and phone number of owner/landlord and term of lease: _____

Please check that the following documents are attached (if applicable):

_____ County Board of Health Cert (if applicable) _____ Copy of State License Certificate

Signature of Applicant: _____ Date: _____

OFFICE USE:

Date Application Received: _____ \$25.00 Business Registration Fee paid: _____ Business Registration No: _____

Copied: UEZ, P.D. _____ City Clerk approval: _____ Date: _____

Pleasantville Police Department

Emergency Business Contact

Business ID.# _____
Case.# _____
Internal Use Only

Business Information

Name		
Address		
City		
Business Telephone	Business Fax	Direct Manger Telephone
Type of Business	Hazmat Y/N	Number of Employees

Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Business Ownership Information

Name	Address	Telephone	
		Home	Cell/Pager

Emergency Contact Information

Name	Address	Home	Cell/Pager
#1			
#2			
#3			
#4			
#5			

Property Ownership Information

(Please include realtor information if applicable)

Name	Address	Office#	Home#	Cell/Pager#

Pleasantville Police Department

Emergency Business Contact

Structure Information

Construction Type		Square Foot	# of Stories	Basement	Attic	Roof Access
				Y/N	Y/N	Y/N
Area	Location					
Alarm Panel						
Entrances						
Exits						
Fire Doors						
Stairways						
Elevators						

Power Supply

Electrical System Shut-Off Location	Electrical System Type			
	Circuit Breaker		Fuse	
Heating System Shut-Off Location	Heating System Type			
	Oil	Gas	Electric	Other

Fire Suppression

Sprinkler System	Location in Building		Type	Stand Pipe	Stand Pipe Location
Y N	Full Partial	Wet/Dry	Y/N		
Fire Hydrant Location			Color	Distance to Property (Feet)	
#1					
#2					

Alarm Information

Alarm Company	Telephone	Burglar	Fire	Panic/Holdup	Other

Insurance Information

Insurance Company	Policy #	Expiration	Telephone

Signed

Date

Title

This information will not be given out except for emergency response by Police and Fire Services.