



**FIRST TIME REGISTRATION FEE: \$35.00**

# TOWNSHIP OF TABERNACLE

BURLINGTON COUNTY, NEW JERSEY

163 Carranza Road  
Tabernacle, New Jersey 08088

(609) 268-1220 / Fax (609) 268-7430  
www.townshipoftabernacle-nj.gov

“Gateway to the Pines”

## BUSINESS AND INDUSTRY REGISTRATION FORM

REQUIRED BY TABERNACLE TOWNSHIP REVISIED GENERAL ORDINANCES 4-5

INDICATE FORM OF BUSINESS:      ( ) Individual    ( ) Corporation    ( ) Partnership

BUSINESS NAME: \_\_\_\_\_ TRADING AS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Street City State Zip

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) Street City State Zip

TELEPHONE: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_

FEDERAL I.D.: \_\_\_\_\_

APPROXIMATE NUMER OF EMPLOYEES:      Full Time: \_\_\_\_\_      Part Time: \_\_\_\_\_

Do you ( ) Own or ( ) Lease your present facility? If leased, from whom? \_\_\_\_\_

APPROXIMATE DATE YOUR BUSINESS STARTED IN TABERNACLE: \_\_\_\_\_ (month/year)

TYPE OF BUSINESS:    ( ) WHOLESALE    ( ) RETAIL    ( ) MANUFACTURING    ( ) PROFESSIONAL    ( ) OTHER  
Explain: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

APPROX. AREA OCCUPIED BY THE BUSINESS (including building & lot): SQ.FT. \_\_\_\_\_

NAMES AND ADDRESSES OF ALL OFFICERS, DIRECTORS AND /OR OWNERS:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

Registration does NOT constitute Township approval of the applicant’s business, nor does it exempt the applicant from any required permits, certificates or variances. A business is required to annually re-register (pursuant to Ordinance 2002-8) by payment of registration fee of \$10.00 (pursuant to Ordinance 2008-7) AND where there is a change in the information submitted on the registration, send a letter to the Township Clerk, by January 31<sup>st</sup> of the applicable year. You will be certifying that there is no change in said information. Payment received after January 31<sup>st</sup> will be charged a \$2.00 per month late fee as per Ordinance 2008-7.

I hereby certify that this information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: La Shawn Barber, RMC, CMR  
Municipal Clerk  
163 Carranza Road, Tabernacle, NJ 08088