



**MOUNT LAUREL TOWNSHIP
COMMUNITY DEVELOPMENT**
100 MOUNT LAUREL ROAD
MOUNT LAUREL, NEW JERSEY 08054
(856) 234-9686

REQUIREMENTS FOR TENANT FITOUT APPLICATIONS

- MUA Release Form – (Separate Entity) – Must be submitted before the permit application can be released
(Located at 81 Elbo La, Mt Laurel NJ 856-234-0062 Ext #117)
- Zoning Application
- Site Plan Waiver Form or Board approved site plan
- All technical forms required
(Electrical and Plumbing must be sealed by a NJ licensed contractor)
- Two (2) sets of plans signed and sealed by a NJ architect
- Check or exact cash for \$55.00 for a Zoning application
- Check for \$100.00 for Site Plan Waiver (if necessary – No Site Plan) – Must be a separate check
- If the contractor is completing applications on behalf of the property owner, or the tenant is filing the application, a letter from the property owner or management company is required authorizing the applicant to do the work.
- Burlington County Board of Health approval (for restaurants) – 609-265-5000
- Business license and food handling license applications to be completed at the Municipal Clerk's Office 856-234-0001 Ext # 1236



BUSINESS REGISTRATION APPLICATION

GENERAL INFORMATION

- Application Fee: \$35.00 (Make checks payable to "Mount Laurel Township") • Licensing Term: January 1st - December 31st
- **Food Establishment** must provide a copy of Satisfactory Inspection Certificate from the County Health Dept.
- P.O. Boxes are not sufficient addresses • **Failure to comply may result in fines and court action.**

BUSINESS INFORMATION

Date: _____ Initial Application Renewal Block: _____ Lot: _____

Business Name: _____ Type of Business: _____

Street: _____ City: _____ Zip: _____

Hours: _____

Phone: _____ Fax: _____ Website: _____

APPLICANT INFORMATION

Name of Business Owner/Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mail Renewals to: Owner Address Business Address

If Corporation/Partnership:
Name Contact Person: _____ Address: _____ Phone: _____

Emergency phone number: _____ Emergency contact person: _____

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AFFIDAVIT

Has any previous Business License in this Township, held by the applicant, been suspended or revoked? Yes No If "yes", Please describe: _____

The information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and ordinances of the Township of Mount Laurel applicable to the operation of said business.

Signature of Applicant: _____ Date: _____

MAIL TO:

Mount Laurel Clerk's Office
Attn: Business Licensing
100 Mount Laurel Road
Mount Laurel NJ 08054

OFFICE USE ONLY:

Check #: _____
License #: _____