



North Bergen Business License Application
4233 Kennedy Boulevard
North Bergen New Jersey 07047

Tel: (201) 392-2025
 Fax: (201) 330-7694

Veronica Olaniel: Business License Clerk

<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address	<input type="checkbox"/> Other				
Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp.	<input type="checkbox"/> Publicly Traded Corp.	<input type="checkbox"/> Privately Held Corp.	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Other
Corporate/Entity Name:					Corporate/Entity Telephone ()		Federal Tax Identification Number			
Corporate/Entity Address:			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4		State of Incorporation or Formation		
Name (DBA):					Business Telephone ()		Fax ()			
E-mail Address:					Website Address:					
Mailing Address:			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4				
List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.										
Last, First, MI :			Residence Address (Street)			SSN:		Date of Birth		
Title		Percent Owned	City, State, Zip +4			Residence Telephone ()				
Last, First, MI :			Residence Address (Street)			SSN:		Date of Birth		
Title		Percent Owned	City, State, Zip +4			Residence Telephone ()				
Last, First, MI :			Residence Address (Street)			SSN:		Date of Birth		
Title		Percent Owned	City, State, Zip +4			Residence Telephone ()				
Responsible Local Contact (Last, First, MI & Title):			Residence Address (Street), City, State, Zip +4			SSN:		Residence Telephone ()		
Opening Date					Number of Employees					
Describe in Detail the Nature of Your Business. Include Product Sold, Labor Performed and/or Services Rendered.										
References										
Last, First, MI			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4				
Last, First, MI			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4				
Last, First, MI			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4				
Prior Arrests / Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes Why			Location Of Arrest / Conviction		
Attorney:						Phone: ()				
Address (Street)			City			State		Zip Code +4		
Insurance Company:					Contact:			Phone: ()		
I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. **Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.										
**Signature Responsible Party / Original					Print Name And Title			Date		
**Signature Responsible Party / Original					Print Name And Title			Date		

ORIGINAL SIGNATURES REQUIRED BY AGENCIES-KEEP COPY FOR YOUR RECORDS