



BOROUGH OF SHREWSBURY

419 Sycamore Avenue, P.O. Box 7420

Shrewsbury, NJ 07702

Phone: 732-741-4200 Fax 732-741-6549

I am applying for a business license

I am applying for a food license

APPLICATION FOR NEW BUSINESS/FOOD LICENSE FOR SHREWSBURY BOROUGH

Please Print or Type:

I. Application of _____

(Please print Business Name, NOT corporate name)

2. Is Applicant and individual____ Partnership____ Corporation ____ (Please check one)
If **Individual**, give Name, Address, and Phone Number below. If **Partnership**, give Name, Address, Phone Number of each partner. If **Corporation**, give Name, Address, Phone Numbers of Officers.

Name	Street	Town	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Person responsible for operation of business. _____

Home Address _____ Phone _____

4. Corporate Name of Business (if any) _____

5. Type of Business: _____

(Restaurant, Dry Cleaner, Drug Store, Office, etc.)

6. Physical Address of Business _____

7. Mailing Address _____

8. Business Phone Number _____ E-Mail _____

9. Date Business Commenced/Will Commence in Shrewsbury _____

10. Applicant is _____ is not _____ in violation of the Zoning Ordinance of the Borough. Date of occupancy of non-conforming use and operation. _____

Signature of Zoning Officer - if Approved: _____

Signature of Fire Marshall – if Approved: _____

11. Has your license ever been revoked or suspended? _____ (If yes, give details on an attached sheet.)

*Please note: If you sell any type of food, prepared or packaged, you will also need to purchase a FOOD License after receiving a Board of Health Approval. (You may use this form for both licenses)