



BOROUGH OF SHREWSBURY

419 Sycamore Avenue

Shrewsbury, NJ 07702

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

The Borough no longer issues food licenses. Please refer to the Monmouth County Health Department.

APPLICATION FOR NEW BUSINESS FOR SHREWSBURY BOROUGH

Please Print or Type

1. Application of _____

(Please print Business Name, NOT corporate name)

2. Is Applicant and individual _____ Partnership _____ Corporation _____

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, Zip Code	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Person responsible for operation of business: _____

Home Address: _____

Phone: _____

4. Corporate Name of Business (if any): _____

5. Type of Business: _____

6. Physical Address of Business: _____

7. Mailing Address: _____

8. Business Phone Number: _____

9. E-Mail: _____

10. Date Business Opened/Opens: _____

11. Applicant is _____ is not _____ in violation of the Zoning Ordinance of the Borough.

12. Date of occupancy of non-conforming use and operation. _____

Signature of Zoning Officer

Signature of Fire Marshall

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 Has your license ever been revoked or suspended?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

Authorized Business Emergency Call List

Every Shrewsbury Business is required to maintain an accurate and up-to-date list of emergency contacts with the Shrewsbury Police Department. This list will be used in the event of after-hours emergencies at the business location. Each contact should be locally available to respond to the business and have full access rights with necessary keys and alarm codes. This list should be re-submitted yearly or upon any change of employment status.

PLEASE MAIL IN OR DROP OFF THIS COMPLETED FORM AT 419 SYCAMORE AVENUE

Business Name: _____

Business Phone: _____

Street Address: _____

1st Contact: _____ Phone #1 _____

Phone #2 _____

2nd Contact: _____ Phone #1 _____

Phone #2 _____

3rd Contact: _____ Phone #1 _____

Phone #2 _____