



Inspections Department  
1 Rev. Dr. Martin Luther King, Jr. Drive  
Willingboro NJ 08046  
Phone # 609-877-2200 Ext. 1214      FAX # 609-877-1278

## **CERTIFICATE FOR CONTINUED OCCUPANCY (CCO) APPLICATION**

*APPLICATION FOR OCCUPANCY  
RETAIL/COMMERCIAL BUSINESS/EDUCATIONAL  
PROFESSIONAL ADMINISTRATIVE OFFICES/PLACES OF ASSEMBLY*

***FEE: \$150.00***

*The Construction Official shall issue a Certificate of Continued Occupancy provided that there are no violations of law or orders of the Construction Official pending. The Certificate of Continued Occupancy shall be evidence that only a general inspection of the visible parts of the building has been made and that no violations of N.J.A.C. 5:23-214 have been determined to have occurred and no violations of N.J.A.C. 5:23-2.32(a) have been found.*

1. Fill out the attached Certificate for Continued Occupancy Application.
2. Submit confirmation from Division of Fire Safety.
3. Submit floor plan of proposed use for the space.
4. Submit copy of lease.
5. An inspection date will be scheduled with the Construction Official. (All locations **must** be setup and ready to open for this inspection).
6. For new buildings/addresses *only* – also complete the attached 911 Database form.
7. A Mercantile License will be required. (This is an additional fee and is submitted to the Township Clerks office.)
8. Any new signage will also require permits.
9. Depending on the nature of your business you may need to fill out other forms.

**\*\*\*Please submit all required documentation to ensure the application will be reviewed without any delays. Additional items/information may be required.**



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**Certificate of Continued Occupancy (CCO) Application**  
*APPLICATION FOR OCCUPANCY*  
*RETAIL/COMMERCIAL BUSINESS/EDUCATIONAL*  
*PROFESSIONAL ADMINISTRATIVE OFFICES/PLACES OF ASSEMBLY*

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ **\$150.00 FEE**

Site Location: \_\_\_\_\_

Site Identification Name: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Use Group: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner City/State/Zip: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Tenant City/State/Zip: \_\_\_\_\_

Floor Plan attached: YES NO Business Name: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type of Merchandise for Sale: \_\_\_\_\_

Type of Professional Services: \_\_\_\_\_

Handling/Preparation/Sales of Food: YES NO (Submit approval from Burl. Co. Health Dept)

Equipment Utilized for food preparation: \_\_\_\_\_

Use of any flame producing devices: YES NO

If Yes, Explain: \_\_\_\_\_

Distribution or Sales/Use of Automatic Amusement Devices: YES NO

Sales of Gold, Silver, Precious, and Semi-precious Gems: YES NO

Sales of Pets (Dogs, Cats, Tame and Non-poisonous Animals): YES NO

Sales of Weapons: YES NO

Days/Hours of Operation: \_\_\_\_\_

Does your business require a License from the State of New Jersey: YES NO

If Yes, Please state and provide copy of License: \_\_\_\_\_

Will your Unit have a separate Alarm System: YES NO

Unit Square Footage: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ CC#: \_\_\_\_\_ Receipt #: \_\_\_\_\_



State of New Jersey  
DEPARTMENT OF COMMUNITY AFFAIRS  
101 SOUTH BROAD STREET  
PO BOX 809  
TRENTON, NJ 08625-0809

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

RICHARD E. CONSTABLE, III  
Commissioner

Dear Business Owner,

Your local Fire Official has identified your business as one that needs to be registered with the New Jersey Division of Fire Safety as a Life Hazard Use (LHU). There is an annual fee associated with each LHU which is utilized to cover the costs of inspecting your business as well as other fire prevention activities within your municipality. In line with Governor Christie's initiative for State business transactions to be paperless, the registration process will be done on-line. You can request access to RIMS through the Division's website at <http://www.state.nj.us/dca/divisions/dfs/>. Look for the "Non-Registered User" link to RIMS. Since the on-line system operates through the My New Jersey portal, you will be asked whether you already have a portal account or not. (Many business owners already use the portal to pay their business taxes.) Once you have established RIMS access, you will be required to maintain your registration account through the portal.

When you register, you will be asked a series of questions, an example of which are below, to determine what registered service is appropriate.

Is this application for a new owner at a previously registered business? Yes/No

If YES Provide date of business ownership transfer:

Are you changing the LHUs / Non LHUs of a registered business? Yes/No

Are you registering a new business? Yes/No

Do you know your registration number? Yes/No

If YES Enter the business registration number:

If you purchased your business from a previous owner and want to **transfer** it to you, you will answer Question 1 as YES and provide the date of transfer. If you know the registration number, you can provide it.

If your business has never been registered by you or anyone else, it is an **initial registration**. You will answer Question 1 as NO, Question 2 as NO and Question 3 as YES.

If your business has changed in any way, perhaps you have changed the occupant load or changed the square footage, or something similar, your fire official may inform you that you must **update** your registration and make a modification to your Life Hazard Use(s). You will answer Question 1 as NO and Question 2 as YES. If you know the registration number, you can provide it.

Finally, if you simply need to make changes to your contacts or correct minor errors to your registration, none of which changes your Life Hazard Use(s), you must **amend** your registration. You will answer Question 1 as NO, Question 2 as NO (because you are not modifying your LHU) and Question 3 as NO. If you know the registration number, you can provide it.

During the application process you will be asked to provide several pieces of information including: the legal name of your business; your tax identification number; the name, telephone and email address of the person submitting the application as well as a billing contact. The system will also ask you to request a computer generated PIN number, which will be sent to the email you provide. We have found that sometimes the email gets directed to the user's SPAM/junk emails, so we recommend you look in that email folder before you assume that your PIN was not sent. Your PIN number acts as an electronic legal signature and should therefore be kept confidential. If you forget your PIN it is very simple to request another.

One of the great advantages of this on-line system is that electronic payments can be made by credit card and/or e-check to greatly decrease the possibility that you will be penalized or your bill sent to collection for failure to pay your registration fee. If you choose to send a paper check, information as to where to mail it will be provided on your invoice.

If at any time you require assistance, please contact either your local Fire Official or the Division. All email inquiries for the Division of Fire Safety, Bureau of Code Enforcement can be sent to [rimshelp@dca.state.nj.us](mailto:rimshelp@dca.state.nj.us) or you can call telephone number 609-633-6144.

Sincerely,

Lou Kilmer, Chief

Bureau of Fire Code Enforcement

Division of Fire Safety



A Naturally Better Place to Be.

Township Clerk Office
Municipal Complex, 1 Rev. Dr. M. L. King, Jr. Drive, Willingboro, New Jersey 08046
(609) 877-2200 www.willingborotwp.org

MERCANTILE LICENSE APPLICATION

PLEASE TYPE OR PRINT IN ALL CAPS

See attached Fee Schedule. Payable to Willingboro Township with completed application

MERCANTILE LICENSE REQUEST

[ ] New Business [ ] Annual Renewal [ ] Change of Information DATE: \_\_\_\_\_

GENERAL BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_
Business Location: \_\_\_\_\_ Office/Suite Number: \_\_\_\_\_
Street Address
Mailing Address \_\_\_\_\_
Street/Post Office Box Number City State Zip Code
Local Owner (s)/Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Type of Business (Be specific): \_\_\_\_\_
Email Address: \_\_\_\_\_ Website: \_\_\_\_\_
Days and Hours of Operation: \_\_\_\_\_

TYPE OF OWNERSHIP

[ ] Corporation [ ] Partnership [ ] Sole Proprietorship [ ] Limited Liability Corporation [ ] Non-Profit

PROPERTY OWNER OR MANAGEMENT COMPANY (If Leasing)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you a United States citizen? [ ] Yes [ ] No (If No, please furnish a copy of your alien registration card, passport, etc.)

Have you ever been convicted of a crime? [ ] Yes [ ] No (If Yes, what offense?)

Date of conviction: \_\_\_\_\_

Has applicant ever been denied a license or have a license suspended or revoked in any township in the state of New Jersey? [ ] Yes [ ] No

If Yes, Where? \_\_\_\_\_

Why? \_\_\_\_\_

Do you have any other businesses in the Township of Willingboro or any other township in the State of New Jersey?

[ ] Yes [ ] No (If Yes, please explain): \_\_\_\_\_

MERCANTILE LICENSE APPLICATION

EMERGENCY CONTACT PAGE

OWNER(S) CONTACT INFORMATION					
Owner Name:	_____			Telephone:	_____
Address:	_____				
	Street/Post Office Box Number	City	State	Zip Code	
Alternate Telephone:	_____		Email Address:	_____	

EMERGENCY CONTACTS (Must be different than above)					
Primary Contact:	_____			Telephone:	_____
Alternate Telephone :	_____		Email Address:	_____	
Secondary Contact:	_____			Telephone:	_____
Alternate Telephone :	_____		Email Address:	_____	

ALARMS (Check all that apply)	
<input type="checkbox"/> Burglar	<input type="checkbox"/> Fire

EMERGENCY CONSIDERATIONS
Please provide information regarding hazardous materials on site or other information that will aid emergency personnel in their response. Please attach additional pages as necessary.
_____
_____
_____

Personal information provided in this application will not be distributed. Information will be distributed as necessary to parties included on this form via email and the postal service for public safety and emergency preparedness purposes as well as public service announcements.

I declare under the penalty of perjury, that the information provided in this application is true and correct. I understand that the issuance of a mercantile license does not approve use. I am responsible for obtaining all applicable licenses and permits prior to commencement of business.
Signature of Owner or Representative _____

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

OFFICIAL USE ONLY

Department Reviews and Initials			
<u>Inspections Department</u>	Approved _____	Denied _____	
<u>Tax Collector</u>	Approved _____	Denied _____	Amount Owed _____
<u>Police Department</u>	Approved _____	Denied _____	
<u>Township Clerk</u>	Business Registration Number: _____		Receipt Number: _____
Remarks:	_____		

# AFFIDAVIT

State of New Jersey  
County of Burlington :SS  
Township of Willingboro

\_\_\_\_\_, being  
duly sworn that he/she is the individual making the forgoing application  
for a Mercantile license and that the answers to the questions contained  
therein are true.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_.

\_\_\_\_\_  
New Jersey Notary Public

(SEAL)

\_\_\_\_\_  
Applicant



Briefly state what your business will entail or business service:

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Please Note: This form must be filled out along with the application or your application will not be accepted.





A Naturally Better Place to Be.

**INFORMATION REQUIRED WITH THE MERCANTILE  
LICENSE APPLICATION**

1. Original valid Drivers License or other proof of identification.
2. State Sales Tax Certificate of Authority: Issued by the New Jersey Division of Taxation. You may contact their Office at (856) 614-2600 for information regarding this certificate and insurance.
3. You must have zoning approval before the license can be issued. The Inspection Department— 609) 877-2200, Extension 1214
4. Proof of ownership or leasing of the subject premises (Copy of deed or lease).
5. A certificate of occupancy, or continued certificate of occupancy is required. This may be obtained from the Inspection Department.

All licenses expire on the 30<sup>th</sup> of June and must be renewed prior to the 1<sup>st</sup> of July.

The following fees are established for annual mercantile licenses:

Commercial and Professional	\$ 75.00
Construction and Development Contractors	\$ 75.00
Delivery Services per vehicle	\$ 35.00
Expositions, Circus and Carnival	\$200.00
Hotel/Motel	\$100.00
Light Industrial/Manufacturing	\$100.00
Multi-Family Per Unit	\$ 10.00
Personal Services	\$ 75.00
Restaurant	\$100.00
Retail Sales	\$ 75.00
Single Family Rental Per Unit	\$ 50.00
Theater	\$100.00
Warehouse	\$100.00
Wholesale Sales	\$ 75.00



BURLINGTON COUNTY HEALTH DEPARTMENT  
15 PIONEER BOULEVARD | P.O. BOX 6000 | WESTAMPTON NJ 08060  
PHONE: 609-265-5515 FAX: 609-265-5541



**Public Health**  
Prevent. Promote. Protect.

Burlington County Health Department

## PROCEDURES FOR OPENING A RETAIL FOOD SERVICE FACILITY

To open a Food Establishment in Burlington County, the following steps are required:

- An application for a retail food service facility (attached) must be completed and returned to the Burlington County Health Department (BCHD) with all required documentation, listed on the bottom of the application, along with a \$100.00 fee for a new establishment and \$ 75.00 for alterations- payable to BCHD.

*(The fee is waived for Non- Profit Organizations)*

- Facility plan submittals shall be in accordance with State regulation N.J.A.C. 8:24- Sanitation in Retail Food Establishments (Chapter 24). The Code may be obtained by calling BCHD or through our website:  
<http://www.co.burlington.nj.us/departments/health>
- Applicants shall also check with the local municipality, where the proposed establishment is located, for their specific requirements.
- Plan reviews will be conducted by a licensed inspector (REHS). Within 30 business days a REHS will review the application and respond accordingly. If additional information is needed after the initial review, this could extend past the 30 business days. Once all information is submitted and plan review is complete, an approval letter will be mailed, faxed, emailed or available to be picked up at the Health Department by the business owner or authorized agent.
- The approval letter is also provided by BCHD to the city or township where the business is located and permits will then be issued for construction by the township.
- Once construction is complete, the business owner or authorized agent shall contact the REHS to schedule a pre-opening inspection. (A minimum of 3 business days' notice) Prior to the pre-opening inspection, all construction equipment and debris is to be cleaned up and/or removed from the premises. All equipment including refrigerators, freezers, warming units, sinks, ice machines, sanitizer for ware washing, etc. shall be installed, turned on and ready to be inspected. Any stipulations noted on the approval letter shall be completed and in compliance prior to the pre-opening. There shall be **NO** food requiring refrigeration or freezer temperatures on site at a pre-opening inspection. Shelf-stable products, cleaning products and paper products can be brought in prior to a pre-opening inspection.
- Plumbing, electrical, and fire inspections are required by local municipalities- the owner or authorized agent of the establishment shall contact the appropriate officials to schedule inspections prior to opening.
- Once the pre-opening inspection is completed and found to be in compliance, a written inspection report and satisfactory evaluation placard will be issued to the business owner or agent, who in turn provides copies of the report to the local construction code official. The construction code official will then issue a final certificate of occupancy (CO), after also complying with their requirements.
- A food handler license or permit (if required) is to be obtained from the city or township where the business is located.
- Additionally, a nationally recognized exam for a Food Protection **Managers** Certificate (FPMC) is required for all Risk 3 establishments in Burlington County, as well as Risk 2 establishments in townships which have a local ordinance. NOTE: Townships which require a FPMC for risk levels 2 and up are: Beverly, Chesterfield, Cinnaminson, Evesham, Lumberton, Maple Shade, Moorestown, Palmyra, Pemberton Borough, Southampton and Westampton  
*(ANSI accredited exams include: ServSafe, NRFSP, Prometric, 360Training.com  
StateFoodSafety.com, Always Safe Food Co.)*
- Approximately 1 month after opening, a complete annual inspection will be conducted by the REHS, and then annually thereafter.



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PHONE: 609-265-5515 FAX: 609-265-5541



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Burlington County Health Department

## **EXPLANATION OF DOCUMENTS REQUIRED**

Please refer to Chapter 24 “*Sanitation in Retail Food Establishment and Food and Beverage Vending Machines*”  
(N.J.A.C. 8:24)

### **The following is a breakdown of all documentation required to process this application:**

1. **HACCP Plan:** May not be required for every plan review- this is determined once the application is submitted & reviewed (Most commonly needed for procedures including reduced oxygen packaging, acidification of foods, smoking or curing of foods, fermentation, pasteurization, etc.)

2. **Food Protection Managers Certificate (FPMC):** Class and exam are required to be taken for each risk level 3 establishment. There are multiple townships which require the above exam to be taken for risk level 2 establishments. Risk level will be determined based on proposed menu and application submitted. Those townships include: Beverly, Chesterfield, Cinnaminson, Evesham, Lumberton, Maple Shade, Moorestown, Palmyra, Pemberton Borough, Southampton and Westampton.

*NOTE: ANSI accredited exams for a CFPM certificate include: ServSafe, NRFSP, Prometric, 360Training.com, StateFoodSafety.com. Always Safe Food Co.*

3. **Proposed Employee Health and Hygiene Policy:** Including instructions for handwashing and glove usage, sick employee restrictions, smoking eating and drinking, work attire, jewelry & artificial nail and nail polish, etc.

4. **Proposed Menu:** Anticipated volume of food to be stored, prepared, served and sold- including weight, or amount of food items to be ready for a day’s use. Anticipated volume of food to be cooled down must be submitted, including cool down procedure. Cool down procedure must include what pieces of equipment are being used to cool down potentially hazardous foods. Cooling methods can be found in NJAC 8:24 – 3.5 (e). Specifically, the Food Code states that “cooked potentially hazardous food (foods that require time-temperature control to keep them safe for consumption) should be cooled “rapidly,” i.e., from 135°F to 70°F in 2 hours or less and then from 70°F to 41°F in 4 additional hours.”

5. **Floor Plan of Facility:** A clearly labeled layout of facility with dimensions of the following:

- \*Three compartment sinks with air drying location and/or
- \*Commercial dish machine with air drying location
- \*Handwashing sinks in prep area(s)
- \*A utility sink or a curbed mop sink
- Plumbing location of all sinks (indirect drain connections where needed)
- \*Refrigeration units (bain marie, stand up fridge, walk in fridge, etc.) (with thermometers inside)
- \*Freezer units (walk in, stand up freezer, reach in freezer, etc.)
- \*Cooking equipment (stove, fryers, grill, etc.) with exhaust hood (to be inspected by fire inspector)
- \*Possibly a food prep sink (based off menu review)
- \*Prep tables- describe surface
- \*Hot water heater
- Dry storage & receiving area
- Employee break/locker area
- Employee and/or public restroom

6. **Manufacturer’s Specification Sheets:** To be submitted for all pieces of equipment being utilized in establishment- including all equipment with asterisks (\*) (under #5 floor plan)- as well as prep tables, blenders, juicers, slicers, bone saws, meat grinders, soft serve ice cream machine, etc.

7. **Type of Finishing Materials:** For floors, walls, ceilings & work surfaces (must be smooth, durable, easily cleanable and non-absorbent)



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**Public Health**  
 Prevent. Promote. Protect.  
 Burlington County Health Department

**APPLICATION FOR RETAIL FOOD SERVICE FACILITY**

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Establishment Address: \_\_\_\_\_  
 Municipality/Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Applicant's Name:</b>		<b>Authorized Agent (if applicable):</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>E-mail:</b>		<b>E-mail:</b>	

**FACILITY INFORMATION:**

Status: \_\_\_\_\_ New \_\_\_\_\_ Alteration  
 Type of Service: \_\_\_\_\_ Eat-in \_\_\_\_\_ Take-Out Only \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_  
 Potable Water System: \_\_\_\_\_ Public \_\_\_\_\_ Well Water (Water Test: \_\_\_ Coliform \_\_\_ Nitrate)  
 Sewage Disposal System: \_\_\_\_\_ Public \_\_\_\_\_ Septic System (Review & approval required by Septic Division)  
 Trash Removal System: \_\_\_\_\_ Company \_\_\_\_\_ Dumpster \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Surface of Trash Area: \_\_\_\_\_ Asphalt \_\_\_\_\_ Concrete  
 Grease Removal Hauler: (Company Name, Address, Phone #) \_\_\_\_\_

**THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:**

\_\_\_\_\_ **HACCP Plan:** To be submitted for specialized processing as specified in N.J.A.C 8:24- 9.1d, e  
 \_\_\_\_\_ **Food Protection Managers Certificate:** ANSI accredited exams: ServSafe, NRFSP, Prometric, 360Training.com, StateFoodSafety.com, Always Food Safe Co.)  
 \_\_\_\_\_ **Proposed Employee Health and Hygiene Policy:** Policy for proper handwashing/ glove usage, sick employee restriction, work attire, hair restraints, smoking, eating, gum chewing, etc.  
 \_\_\_\_\_ **Proposed Menu:** Anticipated volume of food to be stored, prepared, cooled down, sold or served  
*\*\*Must provide cooling procedure for all items being prepared and cooled*  
 \_\_\_\_\_ **Floor Plan of Facility:** Clearly labeled depicting the location of the following:  
 [ ] All equipment being utilized- with dimensions indicated  
 [ ] Plumbing location of hand sinks, three compartment sink with drain boards and air drying location, dish machine, food prep sink, ice machine, mop sink (indirect plumbing connections where needed)  
 [ ] Location of restrooms, employee locker areas, storage and receiving areas  
 \_\_\_\_\_ **Manufacturer's Specification Sheets:** For equipment being utilized  
*\*\*Low temperature dish machine shall be equipped with a device that indicates audibly or visually when more chemical sanitizer needs to be added*  
 \_\_\_\_\_ **Type of Finishing Material:** For floors, walls, ceilings and work surfaces and lighting information

**Application Fee:** \_\_\_\_\_ New: \$100.00 (One Hundred Dollars) \_\_\_\_\_ Alteration: \$75.00 (Seventy Five Dollars)  
 (Payable to the County of Burlington) NON Profit Organizations- Fee Waived

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chapter 24 Given \_\_\_\_\_

Plan Review Fee Paid \_\_\_\_\_

**FOR OFFICE USE ONLY**

Inspector: \_\_\_\_\_

Date Received: \_\_\_\_\_

Floor Plan Not Required: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Manager FSPC Twp. Ordinance: \_\_\_ Yes \_\_\_ No

Expected Opening Date: \_\_\_\_\_

Establishment Risk Type (1-4): \_\_\_\_\_

Septic Division review & approval: \_\_\_ Yes \_\_\_ N/A

**Food Safety:**

	# of Items Being Cooled	Adequate Refrigeration/Storage- yes/no	HACCP Needed/ Completed
Menu			

**Building Finishing Materials:**

	Food Prep	Storage	Restrooms	Ware washing Area	Dining/Patron
Floors					
Walls					
Ceilings					

**Plumbing:**

	Yes, No, N/A	Adequate #	Indirect Drain Connection- yes or n/a
Hand sinks			
Food prep sink			
3 Bay / Dish machine			
Ice machine			
Utility/mop sink			

Note: Splash guards where appropriate

**Miscellaneous:**

	Adequate Materials	Low temp dish machine alarm- yes or n/a
Lighting		
Ventilation		
Manufacturer spec. sheets		

\_\_\_ APPROVED    \_\_\_ APPROVED WITH STIPULATIONS    \_\_\_ DISAPPROVED

(See Comments)

**COMMENTS:**

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**Inspections Department**  
**1 Rev. Dr. Martin Luther King, Jr. Drive**  
**Willingboro, NJ 08046**  
**Phone # 609-877-2200, Ext. 1214 FAX # 609-877-1278**

**CCO**

**ATTENTION ALL:**

**FOOD HANDLERS**

**DISTRIBUTOR OF GOLD/SILVER/PRECIOUS AND SEMI PRECIOUS  
STONES**

**SALES OF DOMESTICATED ANIMALS REGISTRATION**

Submit this form to:

Willingboro Township Clerk  
Room 204 – Municipal Complex  
1 Rev. Dr. Martin Luther King Jr. Drive  
Willingboro, NJ 08046

Nature of Business (Select one above): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Operator/Owner of Business: \_\_\_\_\_

*Please note all Food Handlers Licenses will not issued until Certificate from the Health Department has been received.*

See attached Municipal Ordinance that requires these licenses.



*State of New Jersey*

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## **NJ License & Certification Guide**

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### **New Jersey Economic Development Authority**

**Business Retention & Attraction Division  
PO Box 820  
Trenton, NJ 08625-0820  
(866) 534-7789**

website: [www.NewJerseyBusiness.gov](http://www.NewJerseyBusiness.gov)

Caren Franzini  
CEO

Jon Corzine  
Governor

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### **NEW JERSEY LICENSE & CERTIFICATION GUIDE**

Occupations and business activities often require some form of registration, license or certification by the State of New Jersey. This booklet compiles, in a single document, a listing of these requirements with the appropriate agency contact. It has been prepared by the Division in response to requests from the business and professional communities for this type of information.

All State regulatory agencies have reviewed and verified this material to ensure completeness and accuracy. Inevitably, changes will occur and the Division strives to keep this document current with frequent updates.

Users of this information should also contact the county and municipal clerks in order to satisfy possible local permitting requirements.

Sincerely,

Donald Newman  
Business Services  
Call Center

BURLINGTON COUNTY 9-1-1 COORDINATOR  
 DEPARTMENT OF PUBLIC SAFETY  
 1 ACADEMY DR., WESTAMPTON  
 PO BOX 6000  
 MOUNT HOLLY, NJ 08060-6000  
 TELEPHONE: (609) 267-2275

**NOTE: DO NOT MAIL! WE WILL MAIL TO THE 911 COORDINATOR.**

**NEW ADDRESS NOTIFICATION  
 FOR 9-1-1 DATABASE**

TO BE COMPLETED BY MUNICIPAL CONSTRUCTION CODE OFFICIAL UPON  
 ISSUING NEW CONSTRUCTION PERMITS.

(PRINT OR TYPE ONLY)

**SECTION 1 – PERMIT INFORMATION**

A) BUILDING PERMIT #:	
	<b>ISSUED TO:</b>
B) NAME	
C) ADDRESS	
D) TELEPHONE	
E) CONTACT PERSON	

**SECTION 2 – PROPERTY ADDRESS INFORMATION**

A) STREET NUMBER	
B) STREET NAME	
C) SUBDIVISION NAME	
D) MUNICIPALITY	
E) BLOCK/LOT	
F) TYPE OF STRUCTURE (SINGLE FAMILY, DUPLEXES, ETC.)	

**SECTION 3 – STREET INFORMATION**

- A) DOES STREET (2B) BEGIN AND TERMINATE SOLEY WITHIN YOUR MUNICIPALITY? YES \_\_\_ NO \_\_\_
- B) IF YOU ANSWERED NO TO 3 A, INDICATE THE ADJOINING MUNICIPALITY:  
 \_\_\_\_\_
- C) WHAT IS THE LOWEST NUMBER WITHIN YOUR MUNICIPALITY FOR STREET (2B):  
 \_\_\_\_\_
- D) WHAT IS THE HIGHEST NUMBER WITHIN YOUR MUNICIPALITY FOR STREET (2B):  
 \_\_\_\_\_
- E) WHAT IS THE NEAREST CROSS STREET TO PROPERTY NUMBER (2A):  
 \_\_\_\_\_

**SECTION 4 – ISSUING OFFICIAL**

A) NAME _____	B) TITLE _____
B) MUNICIPALITY _____	D) TELEPHONE# _____

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (WILLINGBORO TWP. DISTRIBUTION)



**WILLINGBORO TOWNSHIP POLICE**  
**MUNICIPAL COMPLEX**

One Rev. Dr. M.L. King Jr. Drive, Willingboro, NJ 08046



**GREGORY RUCKER**  
Director of Public Safety

TEL : (609) 877-2200  
FAX : (609) 877-0183

**Dear Willingboro Township Resident:**

Pursuant to Municipal Ordinance No. 1989-4, Section 3-22, 10b. ALL Alarm Systems within Willingboro Township must be registered with the Willingboro Police Department.

**All Alarm Registrations are Renewable yearly, on January 1<sup>st</sup> with a (\$10.00) Renewal Fee or (25.00) for a New System. Any Alarm System that is not registered or re-registered will be cited under the Ordinance for "Failure to Register". This Citation can result in a Municipal Court action and possible fine. The registration fees may be paid for with Cash, Check or Money Order. A new form must be submitted each year.**

There are several important aspects of the Alarm Ordinance that include provisions for "**Fines**" in the event of a sufficient number of "**False Alarms**" being initiated during a specified period of time. The Ordinance in its entirety can be reviewed by contacting the Municipality Township Clerk. A copy can be reviewed in the Police Department.

**If you have any questions regarding the registration of your alarm, please don't hesitate to contact The Crime Prevention Unit 609-877-2200 ext. 1065.**

# WILLINGBORO TOWNSHIP POLICE DEPARTMENT



Crime Prevention Unit, One Rev. Dr. M.L. King Jr. Drive, Willingboro, NJ 08046 (609) 877-2200 ext. 1065

**\*Ordinance No.1989-4: Any Alarm not Registered, May Result in a Fine(s) Ranging From \$50- \$250, if not paid**

**Registration Period is January 1<sup>st</sup> - January 31<sup>st</sup>. You MUST renew every year**

## ALARM REGISTRATION FORM

BRAND NEW SYSTEM REGISTRATION FEE (Initial) - \$25.00 / YEARLY RENEWAL FEE FOR ALL ALARMS - \$10.00

Make Check /Money Order Payable To: Willingboro Township - {Please "Do Not" Mail Cash}

Please complete this form in its Entirety, so that we may update our system with your Current information, Even if you have registered in the past year(s). You only have to pay this fee (1) time a year. [Please Print Clearly]

Date: \_\_\_\_\_

Occupant of Property: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

⚡ Is your system monitored by an alarm company: \_\_\_\_\_ # of year(s) paying for: \_\_\_\_\_ (max is 2)

⚡ Name of Alarm Company and Telephone #: \_\_\_\_\_

Check If Applicable:

- Alarm: \_\_\_\_\_ Burglar: \_\_\_\_\_ Fire: \_\_\_\_\_ or Both: \_\_\_\_\_  
 Handicapped/Elderly Person(s) on Premises: Yes \_\_\_\_\_ No \_\_\_\_\_

List the Type of HANDICAP or MEDICAL CONDITION that might Require Specialized Emergency Response:

List Person(s) to contact in case of emergency - [Please Include Yourself - if you wish to be contacted...#'s limited]:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE / FOR POLICE DEPARTMENT USE ONLY:**

- Date of Registration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_
- Payment Received By: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ MO: \_\_\_\_\_
- Registration Received: \_\_\_\_\_ → In Person: \_\_\_\_\_ By Mail: \_\_\_\_\_

**Return To: Willingboro Police Department, C/O Crime Prevention Unit**