

# Guidelines for Starting a Business in Willingboro



**Identify a location that is suitable for your business type.** Zoning regulates land use by designating districts for residential and commercial use and identifying where specific uses are permitted and others are prohibited. To view the zoning map and permitted uses, visit <https://ecode360.com/15568995>

**Fill out the Request for Interpretation.** Visit [www.willingboronj.gov](http://www.willingboronj.gov) and click on Departments; Inspections and Forms to locate the Request for Interpretation. Please supply all information and additional documentation that explains all facets of what your business will provide. Once the form is submitted, it will be automatically forwarded to the Zoning Officer for review. Review of your request will take three to five days.

**If your business is a permitted use for the specified zone,** you must fill out an application for a Certificate of Continued Occupancy (CCO). You will also be required to obtain any construction/sign permits that may be necessary to conduct your specified type of business. Visit [www.willingboronj.gov](http://www.willingboronj.gov) and click on Departments; Inspections and Forms to locate applicable forms.

**Upon approval** of the CCO Inspection, required permits and appropriate paperwork, **a CCO will be issued.** An application for a mercantile (business) license must be processed AFTER a CCO is issued. Visit [www.willingboronj.gov](http://www.willingboronj.gov) and click on Departments, Township Clerk, Forms and Mercantile License for an application. Please submit as directed.

**If your business is NOT a permitted use for the specified zone** or if you are planning to build a new building or make a change to a building or parking lot, you may be required to apply to one of the Township's Land Use Development Boards (Planning/Zoning Board).

Each Board has a dedicated administrator that can assist with the application process. For more information, contact the Deputy Township Clerk at [rfrank@willingboronj.gov](mailto:rfrank@willingboronj.gov). Businesses are required to be represented by an attorney. Applications for the Planning and Zoning Board can be found on the website. Visit [www.willingboronj.gov](http://www.willingboronj.gov) and click on Departments/ Township Clerk and Services.

The process of starting a business can be a lengthy and challenging process. Business owners who submit complete applications and applicable paperwork will receive priority in the process. Those who submit incomplete applications will be advised accordingly. Applicants will receive a list of items that must be addressed before proceeding with the process. An incomplete application can delay the process significantly.

Please note the Planning and Zoning Board only meet once a month so the opportunity to be placed on the agenda may be limited.

We recognize that this process can be overwhelming. We are committed to ensuring that this process is executed as efficiently as possible. These guidelines are designed to give you an overview of the process but may not address ALL components of the process. Representatives from the Inspections Department are always available to assist with questions, concerns and issues as related to construction, inspections, zoning and planning. Please do not hesitate to contact any member of our team. Team members are available Monday- Friday between the hours of 9 and 5 and can be reached at 609 877-2200, ext. 1214 for Inspections or 609 877-2200, ext. 1030 for Planning/ Zoning Board Assistance.







# WILLINGBORO



# TOWNSHIP

N E W J E R S E Y

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

## REQUEST FOR INTERPRETATION OF PROPOSED USE

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Request for Property Use Interpretation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Proposed Property: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Proposed Business Name: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days of Week: \_\_\_\_\_

---

**OFFICE USE ONLY**

**Approved**

**Denied**

Zone: \_\_\_\_\_

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

Property Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Approved per Ordinance: \_\_\_\_\_

Not Approved

Need Planning Board Approval

Need Zoning Board Approval

Prohibited per Ordinance: \_\_\_\_\_

\_\_\_\_\_  
Zoning Official

\_\_\_\_\_  
Date



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.**



**WILLINGBORO**



**TOWNSHIP**  
NEW JERSEY

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

**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 [rims.help@dca.state.nj.us](mailto:rims.help@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 Cashier)

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 \_\_\_\_\_.

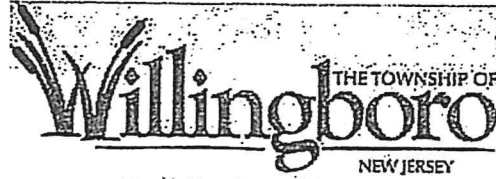
\_\_\_\_\_  
New Jersey Notary Public

(SEAL)

\_\_\_\_\_  
Applicant







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.





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

## 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)



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

**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:**

---



---



---



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*

---

## **NJ License & Certification Guide**

---

### **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

---

### **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 DEPARTMENT SURVEILLANCE SYSTEM REGISTRATION

Date:

**EASTABLISHMENT DETAILS:**

Type of Location:  Residential  Commercial/Business

Resident/Business Name:

Street Address:

**SECURITY CAMERA DETAILS:**

Number of Camera(s):

What do the camera(s) cover? (Please check all that apply)

- Front Exterior       Rear Exterior       Interior  
 Roadway       Parking Lot       Driveway

Other (Please explain):

Recording Period (i.e., 24/7, motion activated, business hours only):

Are your images saved/stored on a DVR recording device?  Yes  No

Are your camera(s) accessible remotely (i.e., cell phone, tablet, computer)?  Yes  No

How long is your data stored (i.e., 24 hours, one week, 30 days)?

Is the camera monitored by a security company?  Yes  No

**CONTACT INFORMATION:**

Primary Contact:

Name:

Phone (Home):

Phone (Cell):

Secondary Contact:

Name:

Phone (Home):

Phone (Cell):

In the event that the Willingboro Police Department needs access to your recording to investigate a crime, would you allow access to the recording?  Yes  No

Comments/ Additional Information:



# WILLINGBORO



# TOWNSHIP

N E W J E R S E Y

Dear Business/Institutional/Industrial Owner or Tenant:

On behalf of our Town Council, The Township Manager and Employees of Willingboro Township it is our pleasure to welcome you to Willingboro.

We would like to make you aware of certain requirements that are required as you embark on your venture in Willingboro.

All business/institutional/Industrial owners and tenants are required to source separate, which means you must separate recycling materials from your solid waste. **The arrangement of the collection of solid waste and recycling is the responsibility of the generator.**

We recommend to co locate trash and recycling dumpsters at your location to make it easier for employees/maintenance staff, to encourage proper separation.

Also, please see attached brochure from the Burlington County Solid Waste Department, which gives a great explanation for trash and recycling requirements. Additionally, a form is attached for you to notify Willingboro Township of your waste hauler and recycling hauler. Please fill out this form and return to us after you have determined who you will utilize for your recycling and waste needs.

Also, an annual report is required to be submitted to Willingboro Township of the types and amounts of materials recycled from your business or institution. This report is due March 1<sup>st</sup> of each year. Your servicer can also provide this information to us. This report form can be found on the county website at [www.co.burlington.nj.us](http://www.co.burlington.nj.us).

Thank you in advance for your cooperation and for ensuring Willingboro Township takes an active role in improving our recycling standards.

If you have any further questions, please feel free to contact us, Lawrence Hardy (609)475-5382 email: [lhardy@willingboronj.gov](mailto:lhardy@willingboronj.gov) or Patti Conrad (609)760-7407 email: [pconrad@willingboronj.gov](mailto:pconrad@willingboronj.gov)

Willingboro Township Recycling Division



Dear Recycling Coordinator,

Here is the information you requested from my business:

Business/Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Waste Hauler: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If different;

Recycling Hauler \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Food/Cooking Oil Waste Hauler: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Respectfully submitted, your partner in keeping Willingboro clean.

Please return to: Willingboro Recycling Coordinator

25 Industrial Drive

Willingboro, NJ 08046

Or email: Lawrence Hardy: [lhardy@willingboronj.gov](mailto:lhardy@willingboronj.gov)

## What are my recycling responsibilities?

### *Landlords:*

- If you are responsible for providing trash collection to your tenants, then you are also responsible for providing them with recycling collection.
- If you provide public trash containers in front of your properties, such as those found outside strip malls or inside food courts, then you are also responsible for providing recycling containers and services.

### *Tenants:*

- If you are responsible for making your own trash arrangements, then you must also contract for recycling services.
- Tenants are responsible for educating their employees regarding recycling and making sure that their customers have access to recycling containers within their stores.

Any business, tenant, or landlord who contract for recycling services is required to provide an annual report to their town of the types and amounts of materials recycled. This report is due February 1st of each year. The report form can be found on the County website at [www.co.burlington.nj.us](http://www.co.burlington.nj.us).

### Questions:

email [recycle@co.burlington.nj.us](mailto:recycle@co.burlington.nj.us)  
or call (609) 499-1001 ext. 272.

## Helpful Tips

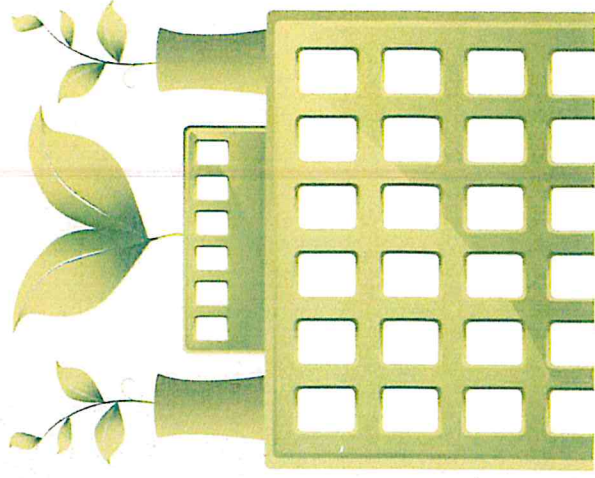
- Shop Around – there are many companies that provide recycling services – call around to get the best pricing.
- Clear Signage is important – contact the Department of Solid Waste for sample labels and signs.
- Co-locate Trash and Recycling Containers – if they are not located right next to each other, customers and employees will not separate properly.
- If you contract with a cleaning service to empty waste and recycling containers, make sure they understand recycling procedures.

## Why Recycle?

- It has been required by State Law (N.J.S.A. 13:1E-99 et.seq.) since 1987.
- Source separated recyclables do have value and can be made into new products, instead of using raw materials. This reduces pollution and cuts manufacturing costs for companies in the U.S.
- Recycling is not just good for the environment, it creates jobs.
- Recycling is the responsible thing to do, it is good corporate citizenship and good for business.

# Solid Waste (Trash) and Recycling Requirements for Burlington County Businesses and Institutions

*Prepared by the*  
Burlington County  
Department of Solid Waste  
PO Box 429, Columbus, NJ 08022  
(609) 499-1001  
Email: [recycle@co.burlington.nj.us](mailto:recycle@co.burlington.nj.us)  
Website: [www.co.burlington.nj.us](http://www.co.burlington.nj.us)





## Recyclable or Trash?

Recyclables are materials that are collected, sorted and reprocessed into new materials bound for manufacturing. Trash is unwanted waste material left over after recyclables have been removed, also known as solid waste.

## What MUST Businesses and Institutions Recycle?

Businesses and institutions in New Jersey are required by law to **source separate** and recycle those items mandated in local municipal recycling ordinances. At present, Burlington County municipalities require that the following items be recycled:

- Aluminum Cans
- Antifreeze
- Consumer Electronics (Computers & TVs)
- Corrugated Cardboard
- Fluorescent Lights
- Glass Containers
- Lead Acid Batteries
- Leaves
- Metal Appliances
- Paper
- Plastic Bottles (coded 1 & 2)
- Steel (tin) Cans
- Textiles
- Tires
- Used Motor Oil

## What is source separation?

Source separation means that all mandated recyclable materials must be kept separate from garbage at the point where they are generated (e.g., your office or classroom) until they reach a recycling market. At no point can they be mixed with garbage.

If your garbage hauler tells you that it is okay to mix mandated recyclable materials with garbage because those recyclables will be separated later at another facility, be aware that this practice is **illegal**.

## Anyone found violating recycling requirements may be subject to a fine.

The Burlington County Health Department and local officials are authorized to enforce municipal recycling ordinances.

Notices of Violation are issued to generators who are not complying with recycling rules. Failure to correct these violations may result in a fine of \$500 to \$1,000.



## Where does my trash go?

Although you may select a solid waste hauler, you and/or the hauler may not select the location where your trash is ultimately disposed if the trash is defined as Waste Types 10, 23 or 25.

- Type 10: municipal waste, including waste from wholesale, retail or service establishments, such as restaurants, stores, theatres, hotels and warehouses and institutional waste from schools and hospitals;
- Type 23: vegetative wastes, excluding leaves; and
- Type 25: animal and food processing wastes.

By law, all type 10, 23 and 25 solid waste generated in Burlington County must be delivered to the landfill at the Burlington County Resource Recovery Complex for disposal. The Resource Recovery Complex is located on 520 acres in Mansfield and Florence Townships, directly off the Columbus exit (52A) of Interstate 295.

There are only three types of waste that are excluded from this requirement:

- Type 13 Bulky Waste: includes large items such as furniture, discarded trailers and large vehicle parts.
- Type 13C Construction and Demolition Waste: includes waste building material and rubble resulting from construction, remodeling and demolition operations on commercial buildings, pavements and other structures.
- Type 27 Dry Industrial Waste: includes waste materials resulting from manufacturing, industrial and research operations.