



Borough of Magnolia
Camden County, New Jersey

"One Square Mile of Friendliness"

Office of the Borough Clerk
438 West Evesham Avenue
Magnolia, New Jersey 08049

Phone: (856)783-1520, Ext. 110 Fax: (856)782-0782

BUSINESS LICENSE APPLICATION

Address at which business will be operated: _____

Block & Lot # of above address: Block _____ Lot _____

Property is Zoned: _____

Description of Business to be operated (be specific): _____

Business Trade Name: _____

Operating Hours (operation includes deliveries, shipping, and other hours, etc.):

Sun _____ Mon _____ Tue _____

Wed _____ Thu _____ Fri _____

Sat _____

Total hours per week _____

Property Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Contact Name: _____ Title: _____

Contact Phone #: _____ Fax #: _____

Emergency Contact: _____

Emergency Phone #: _____ Cell/Pager #: _____

Proprietor Information (if different from Property Owner):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Contact Name: _____ Title: _____

Contact Phone #: _____ Fax #: _____

Emergency Contact: _____

Emergency Phone #: _____ Cell/Pager #: _____

Borough of Magnolia – Business License Application (cont'd)

Proposed Business and Location Information:

Location Phone: _____ Fax: _____

Manager: _____

Mgr Emerg Phone #: _____ Cell/Pager: _____

Permit Information:

Will there be a sign(s) at the location? Yes _____ No _____

Has a sign permit been applied for? Yes _____ No _____

Has a U.C.C. Continuing Certificate of Occupancy been applied for? Yes ___ No ___

Will there be any structural, electrical, mechanical, plumbing, or other renovations, alterations or improvements made at the location? Yes ___ No ___

If yes, has a building/fire/electrical permit been applied for? Yes _____ No _____

Who should we contact in matters related to this application (inspections, hearings, etc.)?

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Other Phone #'s (home, cell, pager): _____

Affidavit:

Proof of false information on this application will revoke the license immediately. By signing this application, the applicant attests that they have made themselves aware of all codes, statutes, and restrictions applicable to the operation of the above named business and agrees to comply with the same. Approval of this application for the issuance of a business license DOES NOT relieve the applicant of the responsibility to obtain all other approvals, licenses, and permits necessary to operate.

Signature of Proprietor of Business: _____

Date of Signature: _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Application forwarded to necessary borough officials on the following date: _____

Borough Clerk Signature: _____ Date: _____

Tax Collector Certification:

All financial obligations to the borough are current including but not limited to taxes, sewer rent, liens, etc. Approved: _____ Denied: _____

Tax Collector Signature: _____ Date: _____

Borough of Magnolia – Business License Application (cont'd)

Zoning Officer/Construction Official Certification:

Approved: _____ Approved with Conditions: _____ Denied: _____

C.C.O. inspection result forwarded to Borough Clerk:

Yes _____ No _____ Date of Report: _____

Zoning Officer/Construction Official Signature: _____

Date: _____

Code Enforcement Officer Certification:

Approved: _____ Approved with Conditions: _____ Denied: _____

Inspection report forwarded to Borough Clerk:

Yes _____ No _____ Date of Report: _____

Referred to Camden Board of Health: Yes ____ No ____ Unnecessary: _____

Code Enforcement Officer Signature: _____

Date: _____

Police Department:

Approved: _____

Chief of Police Signature: _____ Date: _____