



City of Pleasantville

Office of the City Clerk

18 N. First Street

Pleasantville, New Jersey 08232

(609) 484-3600

BUSINESS REGISTRATION APPLICATION

Owner/Proprietor Name _____

Trading As _____

Address of Business _____

Block _____ Lot _____ Business phone #: _____

Mailing Address of Business (if different from above) _____

Federal Tax I.D. Number: _____ State Tax I.D. Number: _____

Name, home address and phone # of applicant: _____

Type of Business: _____ Hours of operation _____ Days of week _____

Vending Machines: Yes _____ No _____ No. of machines _____ NAICS # _____

Does the applicant maintain another business in the City of Pleasantville Yes _____ No _____

List (3) three business references:

Are you located in the Urban Enterprise Zone (UEZ)? Yes _____ No _____ Unknown _____

Are you a member of the Urban Enterprise Zone? Yes _____ No _____

If you are not the owner of the premises, list name, address and phone number of owner/landlord and term of lease: _____

Please check that the following documents are attached (if applicable):

_____ County Board of Health Certificate (if applicant is a beauty or barber salon)

_____ Copy of State License Certificate

Signature of Applicant: _____ Date: _____

OFFICE USE:

_____ Date Application Received
_____ Certificate of Occupancy No.
_____ \$25.00 Business Registration Fee paid
_____ Business Registration No:
_____ Copied: UEZ & Police Dept.