

TOWNSHIP OF LAKEWOOD CLERK OFFICE  
231 THIRD STREET  
LAKEWOOD NJ 08701  
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FEE

## APPLICATION FOR BUSINESS LICENSE

Application of \_\_\_\_\_ Granted \_\_\_\_\_ 20 \_\_\_\_\_

### To the Licensing Bureau of the Township of Lakewood

The undersigned hereby makes application for a License to conduct business.

Type of Business: \_\_\_\_\_

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

Phone # of Business: \_\_\_\_\_

Name of Owner or Responsible Officer: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Corp.: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License No.	Year
_____	2004-05
_____	2005-06
_____	2006-07
_____	2007-08
_____	2008-09
_____	2009-10
_____	2010-11
_____	2011-12