



732-531-5000

# Township of Ocean Monmouth County

Business Licensing  
399 Monmouth Road  
Oakhurst, NJ 07755

OFFICE USE ONLY

Date Issued	_____
License #	_____
Amount	_____
Check #	_____
No Fee	_____

## 2020 New Business License Application

1. You are herewith notified that the BUSINESS LICENSE FEE for the year 2020 is now due and payable.  
This entire form must be mailed with your remittance.

2. If you are licensed by a higher authority, you will not owe the Township a fee. However, you must submit for a license and attach the license from the higher authority.

3. Please enter all information on the lines provided.

### Business Location Info

Business Name: \_\_\_\_\_ Mail To: \_\_\_\_\_

D/B/A: \_\_\_\_\_ Mail D/B/A: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mail Address: \_\_\_\_\_

Unit #/Suite/PO Box: \_\_\_\_\_ Mail Unit #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Mail City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

### Business Owner's Contact Info

Owner Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

### Manager's / Operator's Info

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

### Other Business Info

- Ownership Type (mark with "X")
- Individual
  - Partnership
  - Corporation
  - LLC
  - Other

\_\_\_\_\_ Number of Trucks

**Business Operation Description (Scope of Work / Hours of Operation / etc)**

Solid Waste Hauler: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Recycling Hauler: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

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

**4. The fee to be paid annually is \$60.00. Please make checks payable to "Township of Ocean".**

**5. Mail or deliver to the address below with check made payable to "Township of Ocean".**

**Township of Ocean**  
ATTN: Business Licensing  
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