



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	_____

### 2018 New Business License Application

**1. You are herewith notified that the BUSINESS LICENSE FEE for the year 2018 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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