571 Petersburg Road PO Box 204 Dennisville, NJ 08214-0204



Phone: 609-861-9700 Fax: 609-861-9719

## **TOWNSHIP OF DENNIS**

## **HOME OCCUPATION REGISTRATION FORM**

| Information Required:   |  |  |
|---|--|--|
| Type of Business:   |  |  |
| Name of Business:   |  |  |
|   |  |  |
|   |  |  |
| Mailing City:   | State:   | Zip:   |
| State I.D. #:   | Federal I.D. #:  |  |
| Location of Business: Block #:  | Lot(s) #:  |  |
| Business Street Address:  |  |  |
| usiness Phone #:Owners Phone #  |  |  |
| E-Mail Address:   |  |  |
| Number of Employees:  |  |  |
| Do you use or store any hazardous n                                       | naterials in conjunction with your busi  | ness?  |
| If yes, please list types:  |  |  |
|   |  |  |
| Additional Information:   |  |  |
|   | *******  |  |
|   | OWNER'S CERTIFICATION  |  |
| defined in the zoning ordinance of t sale any goods or products, and that | _, hereby certify that this business qua<br>he Township of Dennis, and that doe<br>t no more than one commercial or bus<br>on as defined in Chapter 72 Busines | es not regularly sell or offer for<br>siness related vehicle is parked |
| Owner's Signature   |  | //<br>Date   |
| Notary Signature  |  | //<br>   |