

**TOWNSHIP OF MAPLE SHADE**

**APPLICATION FOR BUSINESS LICENSE**

DATE OF APPLICATION:

OPENING DATE:

APPLICANT:

ADDRESS & TELEPHONE NO.:

SOCIAL SECURITY NO.:

DATE OF BIRTH:

DRIVER'S LICENSE NO.:

POSITION OF APPLICANT:

NAME OF BUSINESS:

ADDRESS OF BUSINESS:

NAME(S) AND ADDRESSES OF ALL STOCKHOLDERS; OFFICERS OR DIRECTORS

HOLDING TEN PERCENT OR MORE:

DESCRIBE BUSINESS ACTIVITIES:

FEE:

RECEIVED BY TOWNSHIP

ACTION OF TOWNSHIP COUNCIL - APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

DATE:

LICENSE ISSUED:

COMMENTS:

MAPLE SHADE POLICE DEPARTMENT  
Township of Maple Shade

Please print clearly

**COMPLETE ALL BOXES**

**Application For Registration of Alarm System**

Type: Dial ( )  
Audible ( )

Premises: Residential ( )  
Business ( )

(Note: dial alarm – an alarm company will contact Maple Shade Police Dept when your alarm has been set off.  
Audible alarm – System will only sound off NO ALARM COMPANY is notified)

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Name of Business

Phone Number

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Address

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Alarm Company Name (IF YOU HAVE A DIAL ALARM)

Phone Number

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List in order of priority, three (3) persons who may be contacted in case of emergency who will be permitted access, have a key and who can cancel or reset activated alarm when necessary.

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(1) NAME

ADDRESS

PHONE NUMBER

---

(2) NAME

ADDRESS

PHONE NUMBER

---

(3) NAME

ADDRESS

PHONE NUMBER

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**C O N F I D E N T I A L**

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**Signature of Applicant**

**Video Surveillance**

Yes     No

**If yes:**

Multi-Plexer     Standard Time Lapse

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**Date**

**ADDENDUM TO BUSINESS LICENSE APPLICATION FOR  
HOME-BASED BUSINESS**

You are exempt from making formal application to the Maple Shade Township Planning Board for a business license if you meet the following criteria:

1. there will be no employees coming to your home other than family members residing in the home;
2. not more than 20% of your home is devoted to business use;
3. no customers will be coming to your home;
4. there will be no outside appearance of a business use;
5. the volume of deliveries and size of delivery vehicles will not exceed that which is normally associated with residential use in a neighborhood.

I have read, understand, and agree that my home-based business meets all of the above conditions. I understand and agree that if at any time I violate these conditions, the Township may suspend or terminate my business license or take such other action as it deems appropriate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicants printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

# MAPLE SHADE FIRE DEPARTMENT

## BUREAU OF FIRE PREVENTION

53 S. MAPLE AVENUE • MAPLE SHADE, NEW JERSEY 08052

FIRE PREVENTION  
856-779-1335 Ext. 14

CHIEF  
856-779-1335 Ext. 11

TO: All Business Owners

RE: Registration Form Attached

Starting in January 2004 all businesses will be charged a fee for an annual Fire Registration. In the past only the larger businesses and certain businesses with different types of occupancies were charged this fee by the State of New Jersey. The fee schedule in Maple Shade Township is very simple and puts the businesses in one of three different categories, which are,

FROM 0 TO 1,000 SQUARE FEET YOUR FEE IS \$25.00 PER YEAR

FROM 1,001 TO 2,000 SQUARE FEET YOUR FEE IS \$50.00 PER YEAR

FROM 2,001 SQUARE FEET AND ABOVE YOUR FEE IS \$100.00 PER YEAR

Attached is an invoice form with your name on it, please fill in the approximate square footage of your business and mail a check or money order (no cash) payable to the MSFD Bureau Fire Prevention for the appropriate amount and mail it to the above address.

You can determine the square footage of your business by measuring the width X length of your business and or building, if you are unable to do this please call us at 779-1335 ext. 15 and we will gladly help you, your measuring of the business does not have to be precise, if we think there is a problem we will contact you.

Thank You

  
Clifford S. Leary  
Fire Official

CC: Chief  
File

MAPLE SHADE FIRE DEPARTMENT  
FIRE PREVENTION BUREAU  
53 SOUTH MAPLE AVENUE  
MAPLE SHADE, NEW JERSEY 08052  
856-779-1335 EXT 15  
856-779-2973 FAX

NAME OF BUSINESS:  
ADDRESS:

DATE:

NAME OF OWNER:  
ADDRESS:

**ANNUAL FIRE SAFETY USE REGISTRATION FEE:**

SQUARE FEET

AMOUNT

TOTAL CHARGES DUE: \$.

Please make checks payable to: BUREAU OF FIRE PREVENTION