



BOROUGH OF WOODLYNNE

Annual Business Registration

Owner Identity Statement N.J.A.C. 5:29-1.2 THRU 5:29-2.2

Building Address: _____
Woodlynne, NJ 08107

PURSUANT TO N.J.S.A. 46:8-27 THRU37

1. The names and address of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows (name, address and phone numbers):

2. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows (name, address, and phone number):

3. The name address of the managing agent is as follows (name, address, phone number):

4. The individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of any emergency affecting the businesses, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (name, address, phone number):

5. The name and address of the holders of recorded mortgages on the property are as follows:

6. If fuel oil is used to heat the building and the owner furnishes the heat the name and address of the fuel oil dealer servicing the building and grade of fuel oil used are as follows (name, address, phone):

The building is not heated by fuel oil The building is heated by fuel oil, but the owner does not furnish heat.

7. A Floor plan of the building must be submitted. Note if there is a floor plane on file at the Woodlynne Fire Department you do not need to submit a new one, unless there has been a change in the floor plan of the property.

floor plan attached floor plan on file with the Woodlynne Fire Department w/ no changes

8. Driver's License Number for the registering owner: _____ State: _____

9. Name of the Store Owner: _____

10. Store Owner address: _____

Building Owner Signature

Print Name

Date

Store Owner Signature

Print Name

Date

State License Number: _____

Tax ID Number: _____

Provide a copy of the County Board of Health Application. (Food Only) Risk Type: _____

Woodlynne Mercantile Licenses: _____ Date: _____

Do not write below this line

Check number: _____ **Amount:** _____ **Date: Received:** _____