



Borough of
West Long Branch
New Jersey

965 Broadway
West Long Branch, NJ 07764
www.westlongbranch.org
(732) 571-5957

Application for Commercial Registration (new businesses and yearly renewals)

New business initial registration fee \$50.00:

**Note, yearly registration expires May 31st yearly.*

Any new business registrations effective from Jan. 1st through May 31st of any year shall be \$25.00

Yearly renewal fee \$30.00: Due on or before May 31st

NOTE: If you hold a State of NJ License, you would be exempt from fee by providing a copy of License.

Please make checks payable to Borough of West Long Branch

Sorry we do not accept cash

Business Information

Please print or type:

Business Name:	
Business Location Address:	Is This a Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Mailing Address: (if "same" please indicate)	
Business Phone No.:	
Business Owner Name:	
Owner Cell Phone:	
Owner Email Address:	
Emergency Contact Name and Contact No.	

Emergency Information

Emergency contact's address:	
Emergency contact's phone:	
Emergency contact's email:	

Additional Information

Have you submitted an application for a Zoning Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(if so, please provide date of approval)		

ALL BUSINESSES MUST PROVIDE A COPY OF THEIR CERTIFICATE OF INSURANCE

_____ For Office Use Only: _____

New Businesses: Zoning Permit Number: _____ Was CCO Application Received?: _____



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James Miller
Zoning / Code Enforcement Officer / Animal Control Officer
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COMMERCIAL
CERTIFICATE OF CONTINUED OCCUPANCY APPLICATION
FEE: \$100.00 (*Check or Money Order Only*)

Zoning/Planning Approval: Zoning permit must be obtained prior to the issuing of the Commercial CCO.

Application is herein made for **inspection** of the following premises and Issuance of Commercial Certificate of Occupancy (CCO) as required by Ordinance of the Borough of West Long Branch

Date: _____

Prospective Business Name:			
Business Location Address: (NO P.O. BOX ALLOWED)	Block: _____ Lot: _____ Unit#: _____		
Business Mailing Address: (if "same" please indicate)			
Business Phone No.:		Owner Cell:	
Business Owner Name:			
Owner Email Address:			
Tax ID #			

Emergency Information: *Emergency 24 Hours*****

Emergency Contact Name/Address:	
Emergency contact's phone:	
Emergency contact's email:	

Building Owner

Building Owner Name:	
Building Owner Address:	
Building Owner Phone:	
Building Owner Email:	
Is this a Lease? If so how Long/term?	

Type of Business: Assembly ☐ Business ☐ Educational ☐ Factory ☐ High Hazard ☐
Institutional ☐ Mercantile ☐ Utility & Miscellaneous ☐ Residential ☐

SQ FT Area: _____ Will Food/Beverages (packaged or non-packaged) be Sold? ☐ Yes ☐ No

----- (Business Use Only) -----

Zoning Permit Number _____