



Township of Pohatcong

BUSINESS REGISTRATION FORM

PLEASE TYPE OR PRINT NEATLY

1. NAME OF BUSINESS/OWNER: _____

2. ADDRESS OF BUSINESS: _____

3. MAILING ADDRESS (if different than above): _____

4. EMAIL ADDRESS: _____

5. CERTIFICATE OF INSURANCE:

A Certificate of Insurance must be attached reflecting the following coverage:

- a. Owner-occupied one to four-family home: minimum \$300,000.00 combined property damage and bodily injury
- b. All business and nonowner-occupied residential rental properties: minimum \$500,000 combined property damage and bodily injury.

I affirm that the above information is true and correct.

Signature: _____ Date: _____