



COMMERCIAL APPLICATION BUSINESS QUESTIONNAIRE

TOWNSHIP OF MONROE
Zoning Department
125 Virginia Avenue
Williamstown, NJ 08094
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tapark@monroetownshipnj.org

Please complete this form only in conjunction with an application for a new business application

Business Address:	Block:	Lot:	Qualifier:
Property & Owner Information		Business Information	
Owner Name:		Name of Business:	
Owner Mailing Address:		Nature of Business:	
Owner Phone #:		Business Tenant Name:	
Owner Email:		Tenant Address Outside of Location:	
Emergency Contact Name & Number:			
PB Approval for Use: Yes or No If yes, Resolution #		Tenant Phone # Outside of Business:	
ZBA Approval for Use: Yes or No If yes, Resolution #		Tenant Email:	

Please complete the following information:

Sq. Ft of Business Area _____

Public Access YES or NO

Will vehicles be utilized/stored for your Business? YES or NO **If Yes, How many vehicles be utilized/stored?** _____

Number of Parking Spots for Business Use _____

Total Number of Employees _____

Days and Hours of Operation:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please include any additional information pertaining to your business here that may help in the review of your application below:

Business Owner ONLY - Print: _____ **Signature:** _____ **Date:** _____