

**TOWNSHIP OF BERLIN  
BUSINESS REGISTRATION**

Fee \$ 50

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Name & address of owner \_\_\_\_\_

(If corporation, give names & addresses of president & secretary; if a partnership, give names & addresses of all partners on a separate sheet of paper )

Nature of Business \_\_\_\_\_

\_\_\_\_\_

Telephone nos. Home \_\_\_\_\_ Business \_\_\_\_\_

Name & address of registered agent, if applicant is a corporation \_\_\_\_\_

\_\_\_\_\_

Name & address of the manager or daily supervisor in charge \_\_\_\_\_

\_\_\_\_\_

Occupancy load \_\_\_\_\_ No. of exits \_\_\_\_\_ No. of parking spaces \_\_\_\_\_ No. of curb cuts \_\_\_\_\_

Size of lot and zoning designation \_\_\_\_\_ Any change from previous use? \_\_\_\_\_

No. employees \_\_\_\_\_ Date of last fire inspection \_\_\_\_\_ Are sprinklers required \_\_\_\_\_

Date of last health inspection & status \_\_\_\_\_

Any outstanding zoning or planning violations? \_\_\_\_\_

Any changes to the above shall be reported within fourteen (14) days of the event. All businesses must comply with the recycling plan ordinance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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FOR MUNICIPAL USE ONLY

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Inspecting Official Date \_\_\_\_\_

