



BOROUGH OF CHESTER
50 NORTH ROAD
CHESTER NJ 07930

908-879-3660-xt.2123

Office Use Only

Date submitted: _____

Approved

Denied

Chester Borough Business License Application Guidelines

Attached you will find a Business License Application which is to be filled out by the perspective business owners.

In order to obtain a Business License within the Borough of Chester, you should submit this application **prior to purchasing or leasing any space**. Depending on the zoning classification, certain businesses and/or uses may not be permitted and would require relief from the Planning Board or Zoning Board.

Failure to submit a complete application will result in a denial of a Business License.



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50 NORTH ROAD
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Chester Borough Business License

Fee: \$75.00

License # _____

APPLICANT

Name of Business: _____

Address of Business: _____

Block(s): _____ Lot(s): _____ Zoning District: _____

Type of Business: _____

Name of Business Owner: _____

Address of Business Owner: _____

Telephone number(s): _____

Business Owners signature: _____

LANDLORD

Name of Landlord: _____

Address of Landlord: _____

Telephone number(s): _____

Landlord's signature: _____

****By signing this application,**
you are giving permission for applicant to obtain a
Business License from the Borough of Chester**



BOROUGH OF CHESTER
300 MAIN STREET
CHESTER NJ 07930

908-879-5361-ext.123 fax: 908-879-5812

Certification in Lieu of Oath

I hereby certify that I am the owner of the Business listed on page 1 and that I will comply with all Local, County and State prior approvals.

I understand that my Business License is valid as long as I continue to comply with all Local, County and State regulations and prior approvals or until I transfer ownership of the Business/Use, I change tenant occupancy, or I discontinue operation of the Business/Use.

I understand that if a violation is discovered, the Construction Official may revoke the Business License.

Applicant's Signature

Date



FIRE PREVENTION
BOROUGH OF CHESTER
300 MAIN STREET
CHESTER NJ 07930

908-879-5361 x24 fax: 908-879-5812

FIRE PREVENTION

Name of Business: _____
Address of Business: _____
Telephone number(s): _____
Business Owner's Home Address: _____
Business Owner's Home Number(s): _____
Type of Business: _____

Name of Landlord: _____
Address of Landlord: _____

Telephone number(s): _____

Any hazardous Materials on the premises?
Yes: _____ No: _____
If yes, explain: _____



BOROUGH OF CHESTER
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908-879-3660 x 2123

ZONING APPLICATION

1. APPLICANT'S INFORMATION

Name: _____

Name of Business: _____

Applicant's mailing address: _____

Contact numbers: Home: _____

Business/Cell: _____

2. PROPERTY OWNER INFORMATION

Name: _____

Mailing address: _____

Contact numbers: Home: _____

Business/Cell: _____

Owner's signature: _____

3. PROPERTY INFORMATION

Address of building to be occupied: _____

Block(s): _____ Lot(s): _____

Zoning District: _____

4. ACTION FOR WHICH APPROVAL IS SOUGHT

Please check one:

- ◇ New Construction ◇ Addition ◇ Demolition
◇ Occupancy of Existing Building ◇ Change of Ownership
◇ Other: _____

5. EXISTING USE

Please check one:

- | | | | | |
|--|--------------------------|--|--------------------------|---------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> | <input type="checkbox"/> Two-Family | <input type="checkbox"/> | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> Retail | <input type="checkbox"/> | <input type="checkbox"/> Office/Commercial | <input type="checkbox"/> | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Other: _____ | | | | |
-

6. PROPOSED USE

Please check one:

- | | | | | |
|--|--------------------------|--|--------------------------|---------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> | <input type="checkbox"/> Two-Family | <input type="checkbox"/> | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> Retail | <input type="checkbox"/> | <input type="checkbox"/> Office/Commercial | <input type="checkbox"/> | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Other: _____ | | | | |
-

7. PROPOSED TYPE OF OCCUPANCY OR USE

8. IMMEDIATE PRIOR USE OF THE BUILDING

Provide details of the most recent use of the building and for how long:

9. HAS THE PROPERTY EVER BEEN THE SUBJECT OF A VARIANCE?

- No
- Yes. Please attach a copy of all approvals.

Please describe: _____

10. PLEASE PROVIDE THE FOLLOWING INFORMATION

- | | | |
|---|--------------------------|---|
| <input type="checkbox"/> Current survey | <input type="checkbox"/> | <input type="checkbox"/> Existing floor plans |
| <input type="checkbox"/> Proposed floor plans | <input type="checkbox"/> | <input type="checkbox"/> Septic Information |

Application will be deemed incomplete until all information is provided.

Applicant's Signature:

Date:



BOROUGH OF CHESTER
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Application for Sign Permit

Name of Business: _____	
Address of Business: _____	
Block(s): _____	Lot(s): _____
Zoning District: _____	Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Business Owner: _____	
Address of Business Owner: _____	

Telephone number(s): _____	
Business Owners signature: _____	
Business Owners signature: _____	

Name of Landlord: _____
Address of Landlord: _____

Telephone number(s): _____
Landlord's signature: _____
<p><u>**By signing this application,</u> <u>you are giving permission for applicant to obtain a</u> <u>Sign Permit from the Borough of Chester**</u></p>

Application for Sign Permit

Property and Building Information for Sign Application

Type of Sign: Façade Freestanding Other

Please explain: _____

Width of Building or Tenant Space: _____

Area of Sign (Square Feet): _____

- Attach a detailed sketch of the sign(s) showing the location of the signs on the building
- Provide a sketch showing the dimension of each sign
- Attach previous Variance Approvals if applicable

Office Use Only:

Zoning Officer: _____ _____ _____
 Initial Date Decision

Comments: _____
