

**BOROUGH OF SOMERDALE  
105 KENNEDY BOULEVARD  
SOMERDALE, NEW JERSEY 08083  
(856) 783-6320**

**APPLICATION FOR HOME OCCUPATION LICENSE  
(Non-Transferable)  
\$75.00 non-refundable fee  
IF A RENEWAL, \$25.00 LATE FEE AFTER JANUARY 31<sup>ST</sup>**

For the Year January 1, 2019 to December 31, 2019

Date: \_\_\_\_\_

Name of Business Firm or Entity:

\_\_\_\_\_

Name of Applicant (Individual or Principal): \_\_\_\_\_

Somerdale Address (Home Address of Applicant): \_\_\_\_\_

\_\_\_\_\_

Main office (if other than Somerdale): \_\_\_\_\_

\_\_\_\_\_

Describe exact service or nature of business (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Total Square Feet (Floor Area) of Dwelling: \_\_\_\_\_

Total Square Feet (Floor Area) of Home Occupation: \_\_\_\_\_

Indicate whether there will be any outside storage of material or equipment:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate Vehicles Related to Home Occupation: # of Vehicles: \_\_\_\_\_  
(1) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_  
(2) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_

Indicate Employees for Home Occupation: Number: \_\_\_\_\_  
(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
(2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

State whether any article or item of merchandise is being sold or offered for sale from the home premises: Yes \_\_\_ No \_\_\_; if so, state by whom said article or item of merchandise was made or produced: \_\_\_\_\_

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### CERTIFICATION

The undersigned applicant does hereby certify that all of the foregoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Witness:

\_\_\_\_\_  
(applicant signature) (date)

Zoning Officer Approval

Date: \_\_\_\_\_ Signature \_\_\_\_\_