

**City of Pleasantville**  
**Office of the Clerk**  
**18 N. First Street**  
**Pleasantville, New Jersey 08232**  
**609-484-3613**

**BUSINESS REGISTRATION INSTRUCTIONS**

1. Please complete and sign application.
2. The Board of Health Certificates must be attached to the application.
3. Prior to the issuance of a business registration certificate, a certificate of Occupancy must be filed with the Building Department. Licensing regulations require that all premises be inspected and approved.
4. A Corporate officer, business owner, partner or local manager of Franchise are permitted to file as the applicant. This person must follow the attached instructions to request an electronic (online) Criminal History Record from the New Jersey State Police. Upon completion of your request, you must provide a confirmation printout from the website.
5. All documentation must be submitted before any application will be processed. No business will be permitted to operate until the Business Registration Certificate is issued by the City Clerk.
6. The office of the City Clerk will contact the applicant after the application has been processed. Be sure to provide a current telephone number with your application.



City of Pleasantville  
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 609-484-3600

**BUSINESS REGISTRATION APPLICATION**

Owner/Proprietor Name \_\_\_\_\_

Trading As \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Business phone.#: \_\_\_\_\_

Mailing Address of Business (if different from above) \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_ State Tax I.D. Number: \_\_\_\_\_

Name, home address and phone# of applicant: \_\_\_\_\_

Have you ever been convicted of any Crimes/Misdemeanors Yes \_\_\_ No \_\_\_\_\_. If yes, indicate date and nature of the crime and penalty or punishment imposed \_\_\_\_\_

Type of Business: \_\_\_\_\_ Hours of operation \_\_\_\_\_ Days of week \_\_\_\_\_

Vending Machines: Yes \_\_\_ No \_\_\_\_\_. No. of machines \_\_\_\_\_ NAICS # \_\_\_\_\_

Does the applicant maintain another business in the City of Pleasantville Yes \_\_\_ No \_\_\_\_\_. If yes, indicate date and nature of the crime and penalty or punishment imposed \_\_\_\_\_

Please list the name and address of manager (if applicable) \_\_\_\_\_

\_\_\_\_\_ Manager's Lic/Reg/Cert # \_\_\_\_\_

List (3) three business references including name, address and telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you located in the UEZ (Urban Enterprise Zone)? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Are you a member of the Urban Enterprise Zone? Yes \_\_\_ No \_\_\_

If you are not the owner of the premises, list name, address and phone number of owner/landlord and term of lease: \_\_\_\_\_

Please check that the following documents are attached (if applicable):  
 \_\_\_\_\_ County Board of Health Cert (if applicable) \_\_\_\_\_ Copy of State License Certificate

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

**OFFICE USE:**

\_\_\_\_\_ Date Application Received \_\_\_\_\_ \$25.00 Business Registration Fee paid \_\_\_\_\_ Business Registration No: \_\_\_\_\_  
 \_\_\_\_\_ Copied: UEZ, P.D. \_\_\_\_\_ City Clerk approval: \_\_\_\_\_ Date: \_\_\_\_\_



Knowledge - Courage - Integrity

## Pleasantville Police Department

17 North First Street  
Pleasantville, N.J. 08232

Jose L. Ruiz  
Acting Chief of Police

Phone: 609-641-6100  
Fax: 609-646-1595

To: All Pleasantville Businesses  
Fr: Pleasantville Police Department  
Re: Emergency Business Information

Enclosed is a Pleasantville Police Department Emergency Business Form. This form will be maintained in the event an incident occurs at your business that may require police or fire response and this department needs to contact someone from your business. This department needs the form filled out immediately and returned to:

Pleasantville Police Department  
17 N. First Street  
Pleasantville, New Jersey 08232  
Attn: Business Information

Your cooperation in this matter is greatly appreciated and will help us to better serve you. The information on the enclosed form will be kept in the strictest confidence and will only be used in an emergency. The information will NOT be disclosed to anyone other than the Police or Fire Departments when necessary.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jose L. Ruiz".

Jose L. Ruiz  
Acting Chief

Cc: Jesse L. Tweedle Sr., Mayor  
Linda Peyton, City Administrator  
Robert Hoffman, Fire Chief  
Robert Oglesby, Director Public Works  
Gloria Griffin, City Clerk

Pleasantville Police Department  
**Emergency Business Contact**

Business ID.# _____
Case.# _____
<b>Internal Use Only</b>

**Business Information**

Name		
Address		
City	State	Zip + Four
Business Telephone	Business Fax	Direct Manager Telephone
Type of Business	Hazmat Y/N	Number of Employees

**Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Business Ownership Information**

Name	Address	Telephone	
		Home	Cell / Pager

**Emergency Contact Information**

Name	Address	Home	Cell / Pager
#1			
#2			
#3			
#4			
#5			

**Property Ownership Information**

(Please include realtor information if applicable)

Name	Address	Office#	Home#	Cell / Pager #

**Emergency Business Contact**

**Structure Information**

Construction Type		Square Foot	# of Stories	Basement	Attic	Roof Access
				Y/N	Y/N	Y/N
Area	Location					
Alarm Panel						
Entrances						
Exits						
Fire Doors						
Stairways						
Elevators						

**Power Supply**

Electrical System Shut-Off Location	Electrical System Type			
	Circuit Breaker		Fuse	
Heating System Shut-Off Location	Heating System Type			
	Oil	Gas	Electric	Other

**Fire Suppression**

Sprinkler System	Location in Building		Type	Stand Pipe	Stand Pipe Location
Y      N	Full      Partial	Wet / Dry	Y / N		
Fire Hydrant Location			Color	Distance to Property (Feet)	
#1					
#2					

**Alarm Information**

Alarm Company	Telephone	Burglar	Fire	Panic/Holdup	Other
		Y/N	Y/N	Y/N	

**Insurance Information**

Insurance Company	Policy #	Expiration	Telephone

Signed \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

\* This information will not be given out except for emergency response by Police and Fire Services

**ELECTRONIC REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION  
FOR NON-CRIMINAL JUSTICE PURPOSE (Form 212-A)**

**APPLICANT INSTRUCTIONS - STEP 1**

For the purpose of these instructions, electronic filing is to be used for Firearms Licensing & Local Ordinance only.

**Local Ordinance**

To be used for those applicants who are applying with the City of Pleasantville for a Mercantile, Taxi, Vendor, or other local ordinance regulation which would require a Criminal History Record Check of the applicant.

**Firearms Licensing**

To be used only for those applicants who, already have been issued a Firearms Identification Card and/or have a SBI number issued by the NJ State Police specifically for FIREARMS.

\*\* First time firearms applicants must complete the NJ Universal Fingerprint Form so they can be fingerprinted through the MorphoTrust Company \*\*.

**APPLICANT INSTRUCTIONS - STEP 2**

- ✓ Applicant must be provided with the nine-digit Originating Agency Identification Number (ORI).
- ✓ The Pleasantville Police Department ORI number is: **NJ0011900**
- ✓ Applicant will log on to **<https://www.njportal.com/njsp/criminalrecords/>** and click on the **ON LINE FORM 212A** , a highlighted block located on the lower left side of the page.
- ✓ The applicant will follow the prompts for demographic and payment information.
- ✓ Upon completion of the form, the applicant will receive an email Confirmation & Receipt that will include a confirmation number.
- ✓ At this time the request will be forwarded to the Pleasantville Police Department's work queue for approval and submission to the NJ State Police for processing.
- ✓ The applicant can find more detailed information by clicking on the **Help Tab**, located on the top right side of the page.