

Business Registration Renewal Instructions

Dear Hammonton business owner,

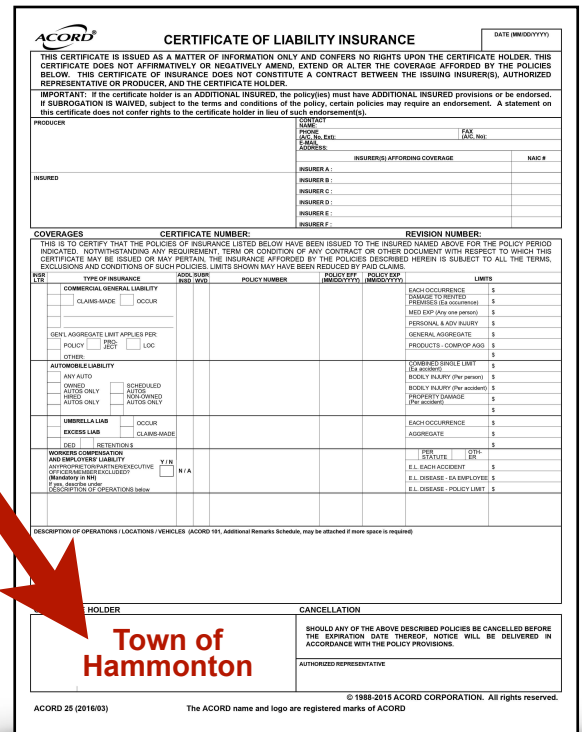
Your license is set to expire on **August 1st, 2026**. Please follow the directions below to renew your registration which **MUST** be displayed at your business.*

- 1

Fill out the attached **Registration Application**. Please include your emergency contact phone number where you can be reached outside regular business hours.
- 2

Application must be accompanied by a current **Certificate of Liability Insurance (COI)** form with the Town of Hammonton listed as the certificate holder.** See sample form.
- 3

Submit forms and payment to:
Hammonton Town Hall
Attn: Business Renewal, 3rd Floor
100 Central Ave., Hammonton, NJ 08037
 Make check payable to:
Town of Hammonton



ACORD CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

PRODUCER: NAME, PHONE, FAX, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

INSURED: INSURER A., INSURER B., INSURER C., INSURER D., INSURER E., INSURER F.

COVERAGE	CERTIFICATE NUMBER	REVISION NUMBER	LIMITS
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE \$
CLAIMS MADE			DAMAGE TO REVISED PREMISES (EA OCCURRENCE) \$
			MED EXP (ANY AND PARTIAL) \$
			PERSONAL AND FAMILY \$
			GENERAL AGGREGATE \$
			PRODUCTS, COMP/OP AGG \$
			\$
AUTOMOBILE LIABILITY			COVERED (TRIPLE LIMIT) \$
ANY AUTO			BODILY INJURY (EA OCCURRENCE) \$
TOWNS			BODILY INJURY (EA OCCURRENCE) \$
UNOWNED			PROPERTY DAMAGE (PER ACCIDENT) \$
UNEMPLOYED			\$
EXCESS LIAB			EACH OCCURRENCE \$
			AGGREGATE \$
UMBRELLA/EXCESS			\$
RESTRICTIONS			\$
WORKERS COMPENSATION AND EMPLOYER LIABILITY			\$
OFFICERS, DIRECTORS AND KEY PERSONNEL (OPTIONAL)			\$
DESCRIPTION OF OPERATIONS (LOCATIONS, VEHICLES, ETC.)			\$

HOLDER: **Town of Hammonton**

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

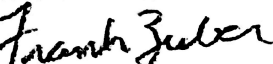
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PAYMENT

\$35.00 If received before July 31, 2026. **OR** **\$52.50** If received after July 31, 2026.

Questions? Contact the Municipal Clerk's office at 609-567-4300 Ext. 105. Email: townclerk@townofhammonton.org

Mail or hand deliver your renewal today.

Sincerely,

 Frank Zuber
 Municipal Clerk

 Please notify the Clerk's office if your business is no longer open.

IMPORTANT: The State of New Jersey has enacted Bill S1368. This law requires the owner of a business to maintain liability insurance for negligent acts and omissions in an amount of no less than \$500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

The owner of a business shall annually register the certificate of liability insurance with the Town of Hammonton and demonstrate compliance with section 1 of this act with the municipality in which the business is located. This certificate insurance must be forwarded to the Town for our files. **We cannot renew your license without it.

*Per ordinance #009-2006.

All businesses that are physically located in the Town of Hammonton must fill out a business registration application with the Municipal Clerk's office.

BUSINESS NAME *(Please print.)*

BUSINESS PHONE #

BUSINESS PHYSICAL ADDRESS

CITY

STATE

ZIP

BUSINESS MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS OWNER NAME

BUSINESS OWNER PHONE #

BUSINESS OWNER HOME ADDRESS

CITY

STATE

ZIP

BUSINESS TAX ID # *(Do not list MLS profile.)*

BUSINESS INSURANCE POLICY #

TYPE OF BUSINESS

EMERGENCY CONTACT NUMBER(S)

The registration form, submitted for each business, must contain updated emergency information with the names, addresses and telephone numbers to be contacted by the Hammonton Police and Fire Department outside business hours in reference to building security, damage, or any occurrence that requires access to any facility owned or operated by such business.

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DOES BUSINESS HAVE AN ALARM? **YES** **NO** *(This information is for the Hammonton Police Dept.)*

PAYMENT

Please make check payable to:
Town of Hammonton

\$35.00 **\$52.50**

(After August 1st)

Dealer in precious metals: **\$300**

• Number of bagatelle machines: _____

(Pool tables, vending machines, video game machines.)

Please include additional **\$75** for each bagatelle machine located at business.

• Number of music machines: _____

(Juke box.) Please include additional **\$20** for each juke box located at business.



BUSINESS OWNER SIGNATURE

DATE