



**BOROUGH OF CARLSTADT**

**Office of the Borough Clerk**

Memorial Municipal Building

500 Madison Street

Carlstadt, NJ 07072

**TRUCK TRANSFER TERMINAL PERMIT**

**Name of Applicant** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_  
(Individual, partnership, firm)

Trade Name \_\_\_\_\_

Address \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_  
(Corporation or Association)

A Corporation of the state of \_\_\_\_\_

Type of Association \_\_\_\_\_

Principal Office \_\_\_\_\_

Name Registered Agent \_\_\_\_\_

Address \_\_\_\_\_

Name of Principal Officers (One must be secretary) \_\_\_\_\_

Address \_\_\_\_\_

Name of record owner of premises to be licensed \_\_\_\_\_

Name of Tenant or Lessee \_\_\_\_\_

Address \_\_\_\_\_

Area to be occupied in the conduct of this business. If portion, give particulars, i.e. platform numbers. \_\_\_\_\_

Explain the nature of the goods, merchandize and chattels transported and transferred.

Are explosives or volatile substances and flammable liquids or materials stored?

Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_

**BOROUGH CLERK'S OFFICE USE ONLY**

Fee \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_