

BUSINESS OWNER CERTIFICATE OF INSURANCE REGISTRATION FORM

In accordance with N.J.S.A. 40A:10A-1 et seq., and Middletown Township Ordinance 2023-3369

Block _____ Lot _____

Business Address _____

Name and Address of all recorded owners of property _____

Email _____

Certificate of Insurance Information:

Policy Holder's Name: _____ Policy Number: _____

Address of the Covered Property: _____

Effective Dates of the Policy: _____

Type of Coverage Provided: _____

Policy Limits: _____

Names of any additionally insured parties: _____

Provide a copy of the declaration page

(Do not write below this line, Office Use Only)

Fee: \$25 PER Individual Business

Please make check payable to "Township of Middletown"

**MAIL TO: Laura Russo-Kay/Dept. of Planning & Community Development
One Kings Hwy, Middletown NJ 07748**

Payment Type: CK# _____ CASH _____ Date Received: _____