

# HIGHLANDS BUSINESS PARTNERSHIP REGISTRATION FORM

According to the bylaws of the Highlands Business Partnership Management Corporation, d/b/a the Highlands Business Partnership, any person:

- who **operates a business** that occupies a block and lot included in the Business Improvement District BID. There shall be a maximum of three votes from Business Operators who occupy (1) one block and lot included in the Business Improvement District BID.
- who own **commercial class 4 property** included by block and lot in the Business Improvement District BID. In order to ascertain who has the authority to vote on issues concerning the Highlands Business Partnership, it is necessary for properties owned by a corporation or partnership or with ownership other than an individual to designate those individuals who have voting rights. All commercial property owners with block and lots included in the Business Improvement District BID may vote in matters relating to the organization as long as special assessments, taxes and sewer accounts for the Borough of Highlands are in good standing.
- who is a resident elected to the Board of Directors may vote in matters relating to the organization as long as taxes and sewer accounts for the Borough of Highlands are in good standing.

shall register and this Registration Form must be filed with the Highlands Business Partnership Office by the date of the Annual Meeting.

## REPRESENTING HIGHLANDS BUSINESS PARTNERSHIP

### BUSINESS OPERATOR

Business Name: \_\_\_\_\_  
Name of Property Owner shown Tax Records of the Borough of Highlands: \_\_\_\_\_

Business Address: \_\_\_\_\_

**License:**

- Mercantile  
 Board of Health  
 Liquor  
 Ferry

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

Telephone: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### COMMERCIAL PROPERTY OWNER

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_  
Name of Business Operator who occupies your commercial property: \_\_\_\_\_

Commercial Property Address \_\_\_\_\_

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

Telephone: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### DESIGNATION OF PERSON REPRESENTING THE BUSINESS:

Designee: \_\_\_\_\_ alternate: \_\_\_\_\_

### DESIGNATION OF PERSON REPRESENTING THE COMMERCIAL PROPERTY OWNER:

Designee: \_\_\_\_\_ alternate: \_\_\_\_\_

### RESIDENT

Name: \_\_\_\_\_

Block and Lot: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE FILED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(Print Name) \_\_\_\_\_