

TOWNSHIP OF GLOUCESTER
MERCANTILE APPLICATION
1261 CHEWS LANDING-CLEMENTON RD
P.O.BOX 8, BLACKWOOD, NEW JERSEY 08012
(856)228-4000 FAX:374-3527

FEE: \$100.00

LICENSE: _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

MAILING ADDRESS IF DIFFERENT _____

CITY & STATE _____ BLOCK _____ LOT _____

TYPE OF BUSINESS _____

BUSINESS PHONE # _____ EMERGENCY # _____

DAYS & HOURS OF OPERATION _____

APPLICANTS NAME _____ PHONE# _____

FEDERAL I.D.#

IS PROPERTY OWNED BY APPLICANT? YES ___ NO ___

IF NO, MUST FILL IN OWNERS NAME & ADDRESS & PHONE NUMBER:

DATE BUSINESS WAS ACQUIRED _____

PRODUCT SOLD IF ANY _____

ANY COIN-OPERATED MACHINES ON PREMISES? YES ___ NO ___ HOW

MANY _____

IS BUSINESS: INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION ___ LLC ___

IF PARTNERSHIP, CORPORATION OR LLC (10% OR MORE) LIST NAMES AND TITLES

BUSINESS OWNER'S NAME: _____

IF YOU WERE FORMERLY IN BUSINESS, GIVE TRADE NAME & ADDRESS:

DOES OWNER OR OPERATOR PRESENTLY POSSESS ANY STATE OR LOCAL LICENSE, BUSINESS OR PROFESSIONAL. IF YES, STATE TYPE OF LICENSE _____

TYPE OF BUILDING CONSTRUCTION _____

APPROXIMATE SIZE OF BUILDING _____

ARE VOLATILE OR EXPLOSIVE SUBSTANCES STORED ON PREMISES _____

ARE RENOVATIONS BEING MADE TO BUILDING _____

GIVE BOARD OF HEALTH LICENSE # IF REQUIRED _____

I CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

IMPORTANT: PHONE # WHERE YOU CAN BE REACHED IF ANY QUESTIONS ON YOUR MERCANTILE APPLICATION

PHONE # _____

DATE

SIGNATURE OF APPLICANT

FOR OFFICIAL USE ONLY

DEPARTMENT	DATE	APPROVED	DENIED
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ZONING OFFICER		_____	_____
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POLICE CHIEF		_____	_____
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FEE RECEIVED _____

DATE RECEIVED _____

PLEASE FILL OUT IN ITS ENTIRETY, FRONT & BACK AND ALL THE INFORMATION REQUESTED BY THE POLICE DEPARTMENT ON THE CONFIDENTIAL POLICE BACKGROUND CHECK APPLICATION

IF YOU ARE A CORPORATION, YOU MAY ATTACH A SEPARATE LIST FOR ALL THE OFFICERS TO THE CONFIDENTIAL POLICE BACKGROUND CHECK APPLICATION

THE FEE FOR A MERCANTILE LICENSE IS \$100.00. MAKE THE CHECK PAYABLE TO "TOWNSHIP OF GLOUCESTER"- THANK YOU

CONFIDENTIAL

FOR POLICE BACKGROUND CHECK

(ORIGINAL WILL BE KEPT IN POLICE DEPT. ONLY, NOT FOR PUBLIC RECORD, NO COPIES WILL BE MADE OF THIS APPLICATION)

NAME OF BUSINESS: _____

BUSINESS OWNER'S NAME: _____

APPLICANTS NAME _____

APPLICANTS HOME ADDRESS & PHONE NO.

APPLICANTS SOCIAL SECURITY NUMBER: _____

APPLICANTS DRIVERS LICENSE NUMBER: _____

APPLICANTS DATE OF BIRTH: _____

FEDERAL I.D.#: _____

IF CORPORATION, PARTNERSHIP OR LLC, LIST NAMES AND ADDRESS ALSO SOCIAL SECURITY NUMBER AND DATE OF BIRTH OF EACH OFFICER. IF NOT ENOUGH SPACES, USE ANOTHER SHEET

HAS APPLICANT, PARTNERS, OFFICERS OF THE COMPANY EVER BEEN CONVICTED OF ANY MISDEMEANORS? YES ___ NO ___

INCLUDE ORIGINAL DRIVERS LICENSE WITH THIS APPLICATION SO WE CAN MAKE A COPY!

IF YOU ARE MAILING APPLICATION MAKE COPIES OF APPLICANT AND ALL CORPORATE OWNER'S DRIVER'S LICENSES