

TOWNSHIP OF GLOUCESTER  
MERCANTILE APPLICATION  
1261 CHEWS LANDING-CLEMENTON RD  
P.O.BOX 8, BLACKWOOD, NEW JERSEY 08012  
(609)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**