

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	_____	_____	_____	BUILDING DIRECTOR
OFFICIAL	_____	_____	_____	
COMMUNITY DEVELOPMENT	_____	_____	_____	DISTRICT
FIRE OFFICIAL	_____	_____	_____	
POLICE CHIEF	_____	_____	_____	
TAX COLLECTOR	_____	_____	_____	
BOARD OF HEALTH	_____	_____	_____	

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**