

TOWNSHIP OF GLOUCESTER MERCANTILE APPLICATION						Page 1 of 3	
1261 Chews Landing Road-Clementon Road P.O. Box 8 Blackwood New Jersey 08012 Phone:856-228-4000 Ext. 241, Fax: 856-374-3527 www.glotwp.com						Clerk Use Only:	
						Permit #:	
Fee:	\$100.00	Made payable to the Township of Gloucester – Include your payment with this application					
Name of Business:							
Physical Business Address:							
Mailing Address (If Different):							
City:		State:			ZIP:		
Business Phone(s):		Business FAX:					
Type of Business (Describe):							
Describe Products Sold:							
Any Coin Operated Machines on Premises:			If Yes How Many:				
Date Business Was Acquired:		Is Business:		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
If Partnership or LLC (10% or More) List Names and Titles:						
Email Address: (You may list more than one)						
List an email address for the business or any email address in which the owner/manager will receive email. You will receive important safety information and community notices from Gloucester Township						
Hours of Operation:							
Applicants Name:		Federal ID #:					
Home Address :							
A photo copy of your driver's license must be attached.			Check here to indicate that you have attached a copy of your driver's license →			<input type="checkbox"/>	
City:		State:			ZIP:		
Home Phone:		Cell Phone:					
Has applicant, partners, officers of the company ever been convicted of any misdemeanors or crimes:					<input type="checkbox"/> Yes <small>If Yes Describe In Comments Section at End</small>		
Is Property Owned By Applicant:		If not fill in owner(s) information below					
Owner Name:		Address:					
City:		State:			ZIP:		
Phone:		Cell Phone:					
City:		State:			ZIP:		
Phone:		Cell Phone:					
Business Owners Name:		Same as Applicant (If Checked Skip Next Two Lines)					
City:		State:			ZIP:		

Phone:		Cell Phone:		
If you Were Formerly In Business Give Trade Name and Address:		Previous Business Name:		
Previous Business Address:				
Does owner or operator presently possess any state or local license business – Business or Professional		<input type="checkbox"/> Yes (If Yes Describe In Comments Below)		
Describe Type of Building Construction:				
Approximate Size of Building:		Board of Health License # If Required:		
Any Renovations Being Made To the Building:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Yes - Explain Below)	Are Volatile or Explosive Substances Stored On Premises:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Yes - Explain Below)	
Applicant Comments:				
I certify that all information and statements herein are true and correct to the best of my knowledge.				
List phone number where you can be reached for any questions relating to your application:				
→→→→→→→	Signature of Applicant:	Date:		
↓ Office Use Only ↓				
Department	Action	Date	Signature	
Zoning Officer	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:		
Chief of Police	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:		
Township Clerk	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:		
Total Fee Received:	Date Received:	Received By:		
↓ Police Department Use Only ↓				
<input checked="" type="checkbox"/>	Bureau/ Unit	Action	Date	Result/Comments
<input type="checkbox"/>	SSD	Received by SSD Commander for assignments/Action		
<input type="checkbox"/>	CRB	Applicant review and recommendation to Chief		
<input type="checkbox"/>	CRB	Emergency contact form provided to Dispatch		
<input type="checkbox"/>	CRB	Emergency contact form provided to Fire Official		
<input type="checkbox"/>	CRB	CNS Entry		
<input type="checkbox"/>	CRB	New Business welcome email		
<input type="checkbox"/>	CRB	New Business Alert to all personnel		
<input type="checkbox"/>	CRB	Site Review		
<input type="checkbox"/>	ASB	911/Communication/Map Review		
<input type="checkbox"/>	ASB	Review of emergency database entry by ASB Comdr.		
<input type="checkbox"/>	CRB	Overview of new business at SAM		
Comments:				

GLOUCESTER TOWNSHIP POLICE FIRE AND POLICE EMERGENCY BUSINESS LISTING NON EMERGENCY 856-228-4500 police@gtpolice.com				POLICE DEPARTMENT USE ONLY					
				<input type="checkbox"/> New <input type="checkbox"/> Update		ID #:			
				Date Left:				Date Rec:	
Date:		Name of Business:							
Physical Business Address:									
City:			State:		ZIP:				
Business Phone(s):			Business FAX:						
Type of Business and Products Sold:				Type of Occupancy:					
Email Address: (You may list more than one) List an email address for the business or any email address in which the owner/manager will receive email. You will receive important safety information and community notices from Gloucester Twp.									
Hours of Operation:									
Business Owner:			Home Address :						
City:			State:		ZIP:				
Home Phone:			Cell Phone:						
Is Property Owned By Applicant:				If not fill in owner(s) information below					
Property Owner Name:				Address:					
City:			State:		ZIP:				
Phone:			Cell Phone:						
Protection Systems and Special Circumstances <input checked="" type="checkbox"/> = Yes									
<input type="checkbox"/>	Fire Alarm	<input type="checkbox"/>	Building Sprinkler	<input type="checkbox"/>	Video Surveillance Recording:	<input type="checkbox"/>	Interior <input type="checkbox"/> Exterior <input type="checkbox"/> None		
<input type="checkbox"/>	Burglar Alarm	<input type="checkbox"/>	Range/Cooking	<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Hold-Up Alarm	<input type="checkbox"/>	Does Building Have a Knox Box:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Location of Box:				
<input type="checkbox"/>	Panic Alarm	<input type="checkbox"/>	Hazardous Materials (If Yes Describe In Comments)	Name/Phone # of Alarm Company/Monitoring Station:					
Comments:									
Emergency Contact List (List in Order of Preference – Repeat Owner Information as an Emergency Contact If Desired)									
	Name			Address		Phone (Cell or 24 Hour Phone Required)			
1									
2									
3									
4									
5									
→→→		Signature of Person Completing Form:				Date:			
↓ Police Department Use Only ↓						Date			
↓ Police Department Use Only ↓						Comments			
<input type="checkbox"/>	CRB	Emergency contact form provided to Fire Official							
<input type="checkbox"/>	CRB	Community Notification System Entry							
<input type="checkbox"/>	CRB	Introductory Email							
<input type="checkbox"/>	CRB	Emergency contact form provided to Dispatch							
<input type="checkbox"/>	ASB	Emergency information entered into database							
<input type="checkbox"/>	ASB	ASB Commander Review							
<input type="checkbox"/>	CRB	Overview of new business at SAM/New Business Alert							