

JOHN J. ARMANO, Mayor



THERESA STAGLIANO, Tax Assessor
LISA EGGERT, CTC, Tax Collector

Municipal Building
59 South White Horse Pike
Berlin, New Jersey 08009

CHARLEEN SANTORA, RMC
Municipal Clerk/Administrator
Phone: (856) 767-7777x 302
Fax: (856) 753-9122

MERCANTILE LICENSE

THIS FORM MUST BE RETURNED WITH YOUR MERCANTILE APPLICATION

When applying for a mercantile license you will need the following:

- You will need to obtain a copy of your property survey. If you are renting, your landlord should have a copy of this document.

Please answer the following questions to the best of your knowledge. Any question you do not know, the Zoning Officer, Craig Fallstick (856) 767-7777 Ext. 316 should be able to help you answer.

BLOCK: _____ **LOT:** _____ **(Proposed business location)**

1. OCCUPANCY LOAD _____

2. NUMBER OF EXITS THE BUILDING HAS _____

3. NUMBER OF PARKING SPACES _____

4. SIZE OF THE LOT _____

5. IS THE LOCATION ON A STATE, COUNTY, OR MUNICIPAL ROAD _____

6. ZONING DESTINATION _____

7. IF YOUR BUSINESS IS DIFFERENT FROM THE PREVIOUS USE PLEASE SPECIFY THE CHANGE.

A. PREVIOUS USE _____

B. CURRENT USE _____

8. NUMBER OF PERSONS EMPLOYED _____

When your application is completed, it will then be forwarded for review by each department. After review of your application, it will then go in front of Mayor and Council for approval. ***You cannot operate a business until Council approves the application.***

Council Meetings are the 1st Monday of each month. Any questions about your application please contact the Clerk's office (856) 767-7777 Ext 302/303.

Thank you.



Berlin Police Department

Integrity • Service • Community

Michael A. DeLorenzo
Chief of Police

Dear Business Person,

To assist in our continuing effort to give the citizens and businesses of Berlin the best possible police protection, I am requesting that you take the time to fill in the accompanying form. It is very important that we maintain up to date emergency contact information for all of the town's businesses. In the event of late night problems at your business location, our officers must be able to contact a representative without delay. Should any of the information change, please advise this office as soon as possible.

Sincerely,

Michael A. DeLorenzo
Chief of Police

Type or Print: Business Name: _____

Business Address: _____

Phone: _____ **Fax:** _____ **Hours:** _____

Type of Business: _____

Persons To Be Notified In Case of Emergency:

1. Name: _____ **Phone:** _____

Address: _____ **Title:** _____

2. Name: _____ **Phone:** _____

Address: _____ **Title:** _____

3. Name: _____ **Phone:** _____

Address: _____ **Title:** _____



Berlin Police Department

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Chief of Police

PLEASE PRINT CLEARLY:

NAME: _____

ADDRESS: _____

NUMBER OF YEARS AT ADDRESS: _____ PHONE NUMBER: _____

IF LESS THAN (5) YEARS LIST PREVIOUS ADDRESS(S): _____

DATE OF BIRTH: _____ SS#: _____ D/L# _____

OTHER NAMES USED: _____

NAME OF BUSINESS: _____ PHONE#: _____

BUSINESS ADDRESS: _____

TYPE OF MERCHANDISE/SERVICE: _____

LIST THREE BUSINESS CHARACTER REFERENCES:

1. _____
Name . Address Ph#
2. _____
Name Address Ph#
3. _____
Name Address Ph#

Photo of Applicant: yes no

Officer: _____ Date: _____

NOTE: Applications will not be processed unless completely filled out and back ground check is complete.

**THIS FORM MUST BE FILED WITH BOROUGH CLERK
BOROUGH OF BERLIN**

Date Application Filed _____ Fee Paid _____

Disposition of Inspecting Officer: (Approved) (Disapproved)

Signature _____ Title of Officer _____

License Number Issued _____ Date _____

DO NOT WRITE ABOVE THIS LINE

APPLICATION FOR MERCANTILE LICENSE _____

1. Business Name _____

Address _____ Business Phone _____

2. Applicant's Name _____ Home Phone _____

Address _____

Date of Birth _____ Social Security No. _____

If Corporation: President _____ Secretary _____

Registered Agent _____ Address _____

If Partnership: Give names and address of all parties _____

3. Has applicant ever had a license to conduct business herein described, denied or revoked? _____

4. Has any person, constituting the individual or partnership applicant, or corporate applicant, ever been convicted of a crime, misdemeanor or violation of any municipal ordinance? _____

If so, give following details:

Name of person convicted _____ Date of conviction _____

Nature of conviction _____

Court of conviction _____

Punishment imposed _____

5. Residence of applicant during past 5 years
(If individual) _____

6. Name an address of attorney (if applicable)

7. The undersigned makes these statements above to induce the Borough of Berlin to issue the license herein applied for, and agrees to comply with all laws and ordinances of the Borough applicable to the subject matter hereof.

Signature of Applicant _____