

James A. Bilella II
Mayor



Michael T. Kwasizur, CPA, CMFO
Chief Financial Officer

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

Phone: (856) 767-7777
Fax: (856) 753-9122
www.berlinnj.org

MERCANTILE LICENSE APPLICATION

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

- Upon request, you will need to obtain a copy of your property survey. If you are renting, your landlord should have a copy of this document.
- Attach a copy of valid photo id.

Please answer the following questions to the best of your knowledge. Any question you do not know, the Zoning Office (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.

PREVIOUS USE: _____

CURRENT USE: _____

8. NUMBER OF PERSONS EMPLOYED: _____

When your application is completed, it will then be forwarded for review and approval by each department. ***YOU CANNOT OPERATE A BUSINESS UNTIL THE BOROUGH CLERK PROVIDES FINAL APPROVAL OF THE APPLICATION AND SUPPORTING DOCUMENTATION.***

Any questions about your application, please contact the Clerk's office (856) 767-7777 Ext. 303.

Thank you.

**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 _____ Date _____

DO NOT WRITE ABOVE THIS LINE

APPLICATION FOR MERCANTILE LICENSE _____

1. Business Name _____

Address _____ Business Phone _____

2. Applicants 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 _____

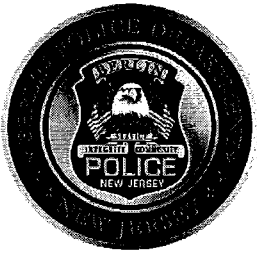
5. Residence of applicant during past 5 years

(If individual) _____

6. Name and 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 _____



Berlin Police Department

Integrity * Service * Community

Michael W. Miller
Chief of Police

Dear Business Person:

To assist us 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 an up-to-date emergency contact information for all of the borough's businesses. In the event of late night problems at your business location, our officers must be able to contact a representative without delay. When completed, this form may be faxed to our office at **856-768-3442**. Should any of the information change, please advise this office as soon as possible by completing a new form.

Sincerely,
Michael W. Miller
Chief of Police

Please Type or Print

Business Name: _____ Phone: _____

Business Address: _____

Type of Business: _____ Hours: _____

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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Michael W. Miller
Chief of Police

PLEASE PRINT CLEARLY:

NAME: _____

ADDRESS: _____

NUMBER OF YEARS AT ADDRESS: _____ PHONE NUMBER: _____

IF LESS THAN FIVE (5) YEARS LIST PREVIOUS ADDRESS(ES) _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

DRIVERS LICENSE#: _____ STATE: _____

OTHER NAME(S) USED: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

TYPE OF MERCHANDISE/SERVICE: _____

LIST THREE BUSINESS CHARACTER REFERENCES:

1. _____

Name	Address	Phone #
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2. _____

Name	Address	Phone #
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3. _____

Name	Address	Phone #
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PHOTO OF APPLICANT: YES / NO

OFFICER: _____ DATE: _____

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

Municipal Building
59 S. White Horse Pike * Berlin, New Jersey 08009 * Phone (856) 767-4700 * Fax (856) 768-3442
Berlinnj.org