BOROUGH OR BERLIN, N.I.

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 LO	DAD:	
		S:
		•
4. SIZE OF THE LO	T:	
		TY OR MUNICIPAL ROAD:
	*	
		ROM THE PREVIOUS USE PLEASE SPECIFY
THE CHANGE.	•	
PREVIOUS U	USE:	
8. NUMBER OF PE	RSONS EMPLOYED:	
When your application department. YOU	on is completed, it will the CANNOT OPERATE A. L. APPROVAL OF	nen be forwarded for review and approval by each BUSINESS UNTIL THE BOROUGH CLERK THE APPLICATION AND SUPPORTING

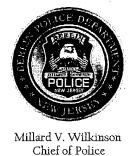
Any questions about your application, please contact the Clerk's office (856) 767-7777 Ext. 303.

Thank you.

THIS FORM MUST BE FILED WITH BOROUGH CLERK

BOROUGH OF BERLIN

Date Application Filed		Fee Paid				
Disp	osition of Inspecting Officer: (Approved) (Di	sapproved)				
Sign	ature	Title of Officer				
	·					
	DO NO	WRITE ABOVE THIS LINE				
APP	LICATION FOR MERCANTILE LICENSE_					
1.	Business Name					
		Business Phone				
2.	Applicants Name	Home Phone				
		Social Security No				
	If Corporation: President	Secretary				
	Registered Agent	Address				
	If Partnership: Give names and address of	If Partnership: Give names and address of all parties				
		*				
2	•	.1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1				
3.	**	ct business herein described, denied or revoked?				
4.		Has any person constituting the individual or partnership applicant, or corporate applicant, ever been convicted of				
		municipal ordinance?				
	If so, give following details:	Deter Commistion				
	Name of person convicted					
	•					
5.	Residence of applicant during past 5 year					
	(If individual)					
6.	Name and address of attorney (if applicab	le)				
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

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 <u>up-to-date</u> 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 <u>856-768-3442</u>. Should any of the information change, please advise this office as soon as possible by completing a new form.

Sincerely, Millard V. Wilkinson Chief of Police

<u>Please Type or Print</u>								
Business Name:		Phone:						
Business Address:		· · · · · · · · · · · · · · · · · · ·						
Type of Business:		Hours:						
	Persons to be Notified in Case of Emergency							
1.	Name:	Phone:						
		Title:						
2.	Name:	Phone:						
	Address:	Title:						
3.		Phone:						
	Address:	Title:						



Berlin Police Department

Integrity * Service * Community

PLEASE PRINT CLEARLY:

Chief of Police

NAME:				·
ADDRESS:				
NUMBER OF YEARS AT ADDRE	ESS:	PHONE NUMBER:		
IF LESS THAN FIVE (5) YEARS I	LIST PREVIOUS ADDRESS(E	ES)		
-				
DATE OF BIRTH:	SOCIAL SEC	URITY#:	 	
DRIVERS LICENSE#:		STATE:		
OTHER NAME(S) USED:	·····			
NAMÉ OF BUSINESS:	,			
BUSINESS ADDRESS:				
BUSINESS PHONE NUMBER:_		-		
TYPE OF MERCHANDISE/SER\	/ICE:		. <u>.</u>	
LIST THREE BUSINESS CHARA	ACTER REFERENCES:			
1		·		
Name	Address		Phone #	
2Name	Address		Phone #	
3		•	r none n	
Name	Address		Phone #	·
PHOTO OF APPLICANT: YES	/ NO		, -	
OFFICER:	,	DATE:		

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