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.
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
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,

Millard V. Wilkinson
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:___________________________________________

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

2. Name ______________________ Address ______________________ Phone # __________

3. 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.