



## Gloucester Township Mercantile License Application

We would like to welcome your business to Gloucester Township!

Please complete the attached **application** in its entirety. Please sign and date the application to ensure proper processing.

If your business is a corporation the **Confidential Police Background Check** is not required. A list of officers must be attached.

The fee for a Mercantile License is \$100.00 Please make the check payable to Township of Gloucester.

Please bring the form into the Township Clerk's Office at 1261 Chews Landing Road, Gloucester Township, NJ 08021 or mail it to: Gloucester Township Clerk's Office P.O. Box 8, Blackwood, NJ 08012.

Please feel free to contact the Township Clerk's Office at 856-228-4000 ext 3236 with any questions you may have.

Thank you.

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 <u>www.glotwp.com</u>						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:		<hr/> <hr/>						
<b>Email Address:</b> (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				<hr/> <hr/>				
Hours of Operation:								
Applicants Name:				Federal ID #:				
Home Address :								
<b>A photo copy of your driver's license must be attached.</b>				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:		Are Volatile or Explosive Substances Stored On Premises:	
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
Zoning Officer	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		Date:
Chief of Police	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		Date:
Township Clerk	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		Date:
Total Fee Received:	Date Received:		Received By:
↓ Police Department Use Only ↓			
<input checked="" type="checkbox"/>	Bureau/ Unit	Action	Date
<input type="checkbox"/>	SSD	Fingerprint Results Obtained	
<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/ 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.	
Comments:			

<b>GLOUCESTER TOWNSHIP POLICE</b> <b>FIRE AND POLICE EMERGENCY BUSINESS LISTING</b> Lt. Mark Benton #149 Commander Community Relations Bureau <a href="mailto:MBenton@gtpolice.com">MBenton@gtpolice.com</a>				<b>POLICE DEPARTMENT USE ONLY</b>			
		<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: _____				
<b>Email Address:</b> (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: _____							
<b>Emergency Contact List (List in Order of Preference – Repeat Owner Information as an Emergency Contact If Desired)</b>							
	Name	Address			Phone (Cell or 24 Hour Phone Required)		
1							
2							
3							
4							
5							
→→→		Signature of Person Completing Form: _____			Date: _____		
↓ Police Department Use Only ↓							
<input type="checkbox"/>	CRB	Community Notification System Entry			Date	Comments	
<input type="checkbox"/>	CRB	Introductory Email					
<input type="checkbox"/>	CRB	Emergency contact form provided to Fire Official					
<input type="checkbox"/>	CRB	Emergency contact form provided to Dispatch					
<input type="checkbox"/>	CRB	Emergency Information entered into Database					
<input type="checkbox"/>	CRB	CRB Commander Review					