

# MERCANTILE LICENSE APPLICATION

## GENERAL INFORMATION

- Application Fee: \$10.00 (Make payable to "Borough of Glassboro")
- P.O. Boxes are not sufficient address
- Licensing Term: January 1<sup>st</sup> – December 31<sup>st</sup>
- Please mail application prior to February 1, 2017

A mercantile license will not be issued until any/all fees owed to the Borough of Glassboro are paid in full.

## BUSINESS INFORMATION

Date: \_\_\_\_\_ Initial Application: \_\_\_\_\_ Renewal: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Email: \_\_\_\_\_  
DBA: \_\_\_\_\_ Description of Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_  
Fax: \_\_\_\_\_ # of Employees: \_\_\_\_\_

## OWNER INFORMATION

Name of Owner of Business: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Please provide previous address if Applicant has been at current address less than five years:

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Corporation/Partnership/LLC: \_\_\_\_\_

If Corporation/Partnership/LLC: Provide names, address and phone numbers of all officers, members or partners:  
(Attach information on additional page if necessary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If a Corporation/Partnership/LLC: Please provide name, address and phone number of Registered Agent:

Emergency Phone No: \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_

## PROPERTY INFORMATION

Name of Owner of Property Where Business Is Located: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

## CERTIFICATION

Has any previous Business License in this Borough, held by the applicant, been suspended or revoked? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Have you been convicted of any crimes of the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> degree? Yes \_\_\_ No \_\_\_

If yes, please provide date and location of conviction: \_\_\_\_\_

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and ordinances of the Borough of Glassboro applicable to the operation of said business. In the event any information given was willfully false, my license shall be declared null and void.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Mail To: Economic Development  
1 South Main Street  
Glassboro, NJ 08028  
Attn: Tawana Bryant

Office Use Only:  
Check#:  
License#:

Rev: 12/16