

MERCANTILE LICENSE APPLICATION

GENERAL INFORMATION

- Application Fee: \$30.00 (Make payable to "Borough of Glassboro")
- P.O. Boxes are not sufficient address
- Licensing Term: January 1st – December 31st
- Please mail application prior to February 16, 2012

BUSINESS INFORMATION

Date: _____ Initial Application: _____ Renewal: _____ Block: _____ Lot: _____
Business Name: _____ Trading Name: _____
Legal Name: _____ 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 1st, 2nd, 3rd or 4th 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: Health and Housing Department
1 South Main Street
Glassboro, NJ 08028
Attn: Kaitlin T. Harrell

Office Use Only:
Check#:
License#: