**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____________________________ Business Phone__________________________
Address______________________________

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
59 S. White Horse Pike * Berlin, New Jersey 08009 * Phone (856) 767-4700 * Fax (856) 768-3442
berlinmjj.org
Berlin Police Department
Integrity * Service * Community

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.