

Richard H. Miller  
Mayor



Municipal Building  
59 South White Horse Pike  
Berlin, New Jersey 08009

Phone: (856) 767-7777  
Fax: (856) 753-9122  
www.berlinnj.org

## 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.

THIS FORM MUST BE FILED WITH BOROUGH CLERK  
**BOROUGH OF BERLIN**

Date Application Filed \_\_\_\_\_ Fee Paid \_\_\_\_\_

Disposition of Inspecting Officer: (Approved) (Disapproved)

Signature \_\_\_\_\_ Title of Officer \_\_\_\_\_

Date \_\_\_\_\_

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DO NOT WRITE ABOVE THIS LINE

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 \_\_\_\_\_



# Berlin Police Department

Integrity \* Service \* Community

Michael Scheer  
Chief of Police

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,  
*Michael Scheer*  
Chief of Police

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**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: \_\_\_\_\_

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# Berlin Police Department

Integrity \* Service \* Community

Michael Scheer  
Chief of Police

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 #
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2. \_\_\_\_\_

Name	Address	Phone #
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3. \_\_\_\_\_

Name	Address	Phone #
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PHOTO OF APPLICANT: YES / NO

OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: Applications will not be processed unless completely filled out and background check is complete.**

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