

BOROUGH OF SOUTH TOMS RIVER

Nº

APPLICATION FOR MERCANTILE LICENSE

PURSUANT TO ORDINANCES OF THE BOROUGH OF SOUTH TOMS RIVER, THE UNDERSIGNED HEREBY MAKES APPLICATION FOR MERCANTILE LICENSE AND CERTIFIES TO THE CORRECTNESS OF THE FOLLOWING INFORMATION. THIS APPLICATION SHOULD BE PICKED UP BY THE PERSON OBTAINING THE LICENSE. **MUST BE PRINTED OR TYPED.**

1. Name and Address of Applicant: _____

2. Trade Name, if any, under which business is to be conducted: _____

3. Business Telephone Number: _____

4. Is applicant an individual, partnership or corporation? _____

5. If individual, give residence address and emergency telephone number. If other than individual, give name of all officers and managers with residence address and emergency numbers: _____

NAME	RESIDENCE	TELEPHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Location of premises to be licensed: _____

7. Nature of Business _____

8. (A) Does business have Alarm System Yes No If yes, give name of Alarm Company or persons to be called in case of emergency _____

(B) Is alarm system Owned Leased

(C) Does applicant own premises to be licensed Yes No If no, name of building owner: _____

(D) Does business have attack/watch dog on premises to be licensed Yes No

(E) In emergency person to be contacted _____

NAME	ADDRESS	TELEPHONE #
_____	_____	_____
_____	_____	_____

9. Has your business been inspected by the Fire Marshall's Office Yes No
If yes, give date of last inspection _____

10. Is your business licensed by any State or County Agency Yes No
If yes, what agency _____

11. Does your business require an inspection by any State or County Agency Yes No
If yes, what agency _____

12. How many employees: Fulltime _____ Part time _____

13. It shall be the responsibility of the applicant to update any and all pertinent information on this application.

_____ Date _____ Applicant Signature _____

(DO NOT WRITE BELOW THIS LINE)

Date Application Received _____

Date of Approval Disapproval _____

Fee Received \$ _____ Date _____ Cash Check Check # _____

License Number _____

Code and Zoning Officer Signature _____