



APPLICATION FOR LICENSE FOR PURCHASING PRECIOUS METAL & SECONDHAND GOODS

(856)829-6100

FAX (856)829-4096

palmyrainfo@boroughofpalmyra.com

NEW BUSINESS

RENEWAL

CHANGE OF INFORMATION

PLEASE TYPE OR PRINT IN ALL CAPS

DATE OF REQUEST: _____

- Application fee: \$275.00 (Made payable to "Borough of Palmyra") to Borough of Palmyra, 20 West Broad Street, Palmyra, NJ 08065 Attn: Borough Clerk
- Licensing Term: September 1 until August 31 of each year. There shall be no pro-ration of license fees.

BUSINESS/TRADE NAME: _____

TYPE OF BUSINESS (Be Specific): _____

BUSINESS LOCATION: (Street Address) _____

DAYS/HOURS OF OPERATION: _____ NUMBER OF EMPLOYEES: _____

BUSINESS PHONE NUMBER: _____

OWNER'S NAME: _____

DATE OF BIRTH: _____

OWNER'S SOCIAL SECURITY NUMBER: _____

OWNER'S ADDRESS: _____

Street Address/P.O. Box

City

State

Zip Code

TYPE OF OWNERSHIP

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

LIMITED LIABILITY CORPORATION

NON-PROFIT (proof of non-profit and no fee charged)

IF A CORPORATION COMPLETE THE FOLLOWING:

PRESIDENT: _____

VICE-PRESIDENT: _____

SECRETARY: _____

TREASURE: _____

AFFIDAVIT

Has any previous Business License in this Borough, held by the applicant, been suspended or revoked?

Yes No If "yes", please describe: _____

I DECLARE UNDER THE PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE ISSUANCE OF A MERCANTILE LICENSE DOES NOT APPROVE THE USE, AND I AM RESPONSIBLE FOR OBTAINING ALL OTHER APPLICABLE LICENSES AND PERMITS PRIOR TO COMMENCEMENT OF BUSINESS.

Signature of Owner or Representative: _____



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NAMES OF ASSOCIATES ENGAGED IN BUYING AND SELLING:

NAME: _____

ADDRESS: _____
Street/PO Box No. City State Zip Code

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____
Street/PO Box No. City State Zip Code

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____
Street/PO Box No. City State Zip Code

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____
Street/PO Box No. City State Zip Code

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PERSONAL INFORMATION PROVIDED IN THIS APPLICATION WILL NOT BE DISTRIBUTED. INFORMATION WILL BE DISTRIBUTED AS NECESSARY TO PARTIES INCLUDED ON THIS FORM VIA E-MAIL AND THE POSTAL SERVICE FOR PUBLIC SAFETY AND EMERGENCY PREPAREDNESS PURPOSES AS WELL AS PUBLIC SERVICE ANNOUNCEMENTS.

OFFICIAL USE ONLY:

Check #: _____

Approval:

Chief of Police

Clerk

Registration Year: _____