



MERCANTILE LICENSING APPLICATION

(856)829-6100

FAX (856)829-4096

palmyrainfo@boroughofpalmyra.com

INITIAL APPLICATION RENEWAL CHANGE OF INFORMATION

PLEASE TYPE OR PRINT IN ALL CAPS

DATE OF REQUEST: _____

- Application fee: \$20.00 (Made payable to "Borough of Palmyra") to Borough of Palmyra, 20 West Broad Street, Palmyra, NJ 08065 Attn: Borough Clerk
- All taxes must be current to issue this license.
- Licensing Term: September 1 until August 31 of subsequent 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: _____

MAILING ADDRESS: _____

Street Address/P.O. Box City State Zip Code

LOCAL OWNER(S)/MANAGER/MANAGEMENT CO: _____

REGISTERED AGENT: _____

CONTACT INFO: (Telephone) _____ (Fax) _____ (Cell Phone) _____

BUSINESS WEBSITE: _____

TYPE OF OWNERSHIP

- CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP
- LIMITED LIABILITY CORPORATION NON-PROFIT (proof of non-profit required; no fee charged)

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.

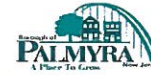
Signature of Owner or Representative: _____

OFFICIAL USE ONLY:

Approval: (Initial and Date)

Check #: _____ Chief of Police _____ Clerk _____

Registration Year: _____ Zoning Officer _____ Construction Officer _____



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EMERGENCY CONTACT PAGE

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OWNER(S) OR PRINCIPLE OFFICERS CONTACT INFORMATION

OWNER 1 NAME: _____ TELEPHONE: _____

ADDRESS: _____
Street (P.O. Box not accepted) City State Zip Code

ALTERNATE TELEPHONE: _____ E-MAIL ADDRESS: _____

OWNER 2 NAME: _____ TELEPHONE: _____

ADDRESS: _____
Street (P.O. Box not accepted) City State Zip Code

ALTERNATE TELEPHONE: _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACTS (AT LEAST ONE MUST BE DIFFERENT THAN ABOVE)

PRIMARY CONTACT: _____ TELEPHONE: _____

ALTERNATE TELEPHONE: _____ E-MAIL ADDRESS: _____

SECONDARY CONTACT: _____ TELEPHONE: _____

ALTERNATE TELEPHONE: _____ E-MAIL ADDRESS: _____

ALARMS (CHECK ALL THAT APPLY)

BURGLAR

FIRE

EMERGENCY CONSIDERATIONS

Please provide additional information regarding hazardous materials on site or other information that will aid emergency personnel in their response. Please attach additional pages as necessary.

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.