



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: _____

- Application fee: \$20.00 (Made payable to "Borough of Palmyra")
- Mail 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) _____

PROPERTY BLOCK _____ LOT _____ BUSINESS WEBSITE: _____

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

OWNER(S)/MANAGER/MANAGEMENT CO: _____

MAILING ADDRESS: _____

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

E-MAIL ADDRESS: _____

LOCAL CONTACT INFO: (Business phone) _____ (Fax) _____ (Cell) _____

REGISTERED AGENT (if different): _____

TYPE OF OWNERSHIP

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

AFFIDAVIT

Has any previous Mercantile 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 Business Owner or Representative: _____

OFFICIAL USE ONLY:

Approval: (Initial and Date)

Check #: _____ Date: _____

Chief of Police

Tax Office

Registration Year: _____ 2020-2021 _____

Zoning Officer

Clerk's Office



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EMERGENCY CONTACT PAGE

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CONTACT INFORMATION

BUSINESS OWNER: _____ **PHONE/CELL:** _____

ADDRESS: _____
 (Not business address) Street (P.O. Box not acceptable) City State Zip Code

Current E-MAIL Address: _____

PROPERTY OWNER: _____ **PHONE/CELL:** _____

ADDRESS: _____
 (Not business address) Street (P.O. Box not acceptable) City State Zip Code

CURRENT E-MAIL ADDRESS: _____

EMERGENCY CONTACT (SHOULD BE DIFFERENT THAN ABOVE)

CONTACT #1: (After 5:00 pm) _____

TELEPHONE: _____ CELL PHONE: _____

CONTACT #2: (After 5:00 pm) _____

TELEPHONE: _____ CELL PHONE: _____

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.

ALARMS (CHECK ALL THAT APPLY)

- BURGLAR FIRE KNOX BOX Location of KNOX BOX _____