



MERCANTILE/BUSINESS LICENSING APPLICATION

(856)829-6100 ext. 124 FAX (856)829-4096 info@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: _____ TAX ID # _____

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

REGISTERED AGENT (if different): _____

**Copy of (COI) Certificate of Insurance for the business must be submitted with application.

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: _____ 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 _____