

Borough of Brooklawn Mercantile License Application

Clerk use
only
Permit #

301 Christiana St.
Brooklawn, NJ 08030
856-456-0750 ext. 103

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Fee: \$50.00 Made payable to The Borough of Brooklawn – Include payment with this application

Name of Business:

Physical Business Address:

Mailing Address if Different:

City:

State:

Zip:

Business Phone:

Business Fax:

Type of Business (Describe)

Describe Products sold:

Any Coin Operated Machines on Premises:

IF yes How many

Date Business was Acquired

Is this Business:

Individual Partnership Corporation LLC

If Partnership or LLC (10% or More) List Names and Titles:

Email Address: (you may list more than one)

List an email address for the business or any email address in which the owner/manager will receive email. You will receive important safety information and community notices from the Borough of Brooklawn

Hours of Operation:

Applicants Name:

Federal ID#:

Home Address:

A photo copy of your driver's license must be attached

Check here to indicate that you have attached a copy of your driver's license

City:

State:

Zip:

Home Phone:

Cell Phone:

Has applicant, partners officers of the company ever been convicted of any misdemeanor or crimes:

Yes

If Yes Describe in Comments Section at End

Is Property owned by Applicant:

Yes

If not fill in owner(s) information below

Owner Name:

Address:

City:

State:

Zip:

Phone:

Cell Phone:

Address:

City:

State:

Zip:

Phone:

Cell Phone:

Business Owners Name:

Same as Applicant (If Checked Skip next Three Lines)

Address:

City:

State:

Zip:

Phone:

Cell Phone:

If you were Formally In Buisness Give Trade Name and Address:			
Previous Buisness Name:			
Previous Buisness Address:			
Does Owner or Operator possess any State or local license business – Buisness or Professional		<input type="checkbox"/> Yes (If Yes Describe In Comments Below)	
Describe Type of Building Construction:			
Approximate Size of Building		Board of Health License# if Required:	
Any Renovations Being Made To The Building:		Are Volatile or Explosive Substances Stored on The Premises:	
Applicant Comments:			
I certify that all information and Statements herein are true and correct to the best of my knowledge.			
List phone number where you can be reached for questions relating to your application:			
	Signature of Applicant:	Date:	
↓ Office Use Only ↓			
Department	Action	Date	Signature
Zoning Officer	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recomended	Date:	
Chief of Police	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recomended	Date:	
Township Clerk	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recomended	Date:	
Total Fee Received:		Date Recieved:	Received By: