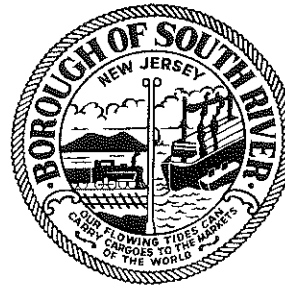


BOROUGH OF SOUTH RIVER

48 WASHINGTON STREET
SOUTH RIVER, NJ 08882
PHONE 732-257-1999
FAX 732-613-6105



APPLICATION FOR MERCANTILE LICENSE

FEES:
\$50.00 NEW
\$25.00 Transfer

NAME OF BUSINESS _____

PROPOSED LOCATION _____ **BLOCK#** _____ **LOT#** _____

BUSINESS TELEPHONE _____

NATURE OF BUSINESS (Describe Operation)

WILL ANY TYPE OF FOOD/PACKAGED FOOD/FOOD PRODUCT BE SOLD? YES _____ NO _____
(If Yes an additional license issued by the Board of Health will be required)

APPLICANT(S) INFORMATION

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE# HOME _____ CELL _____

DATE OF BIRTH _____

DRIVER'S LICENSE# _____

PARTNERSHIP/ADDITIONAL OWNER INFORMATION:

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE# HOME _____ CELL _____

DATE OF BIRTH _____

STATE DRIVERS LICENSE ISSUED _____

DRIVER'S LICENSE# _____

ATTACH A COPY OF EACH APPLICANT'S DRIVERS LICENSE - Address on your identification must match the address on this application.

IF YOUR DRIVER'S LICENSE IS NOT FROM NEW JERSEY YOU MUST CONTACT YOUR LOCAL POLICE DEPARTMENT/PRECINCT IN WHICH YOU LIVE TO OBTAIN A CERTIFICATE OF CONDUCT

NUMBER OF EMPLOYEES _____

DAYS AND HOURS OF OPERATION _____

SQ. FOOTAGE OF AREA TO BE OCCUPIED _____

OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # _____

DOES OPERATION INVOLVE USE OR STORAGE OF FLAMMABLE/COMBUSTIBLE OR HAZARDOUS MATERIALS YES _____ NO _____ IF YES, SUPPLY QUANTITIES AND MSDS SHEETS ON PRODUCTS INVOLVED (ATTACH TO APPLICATION)

BOROUGH USE ONLY:

	DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
	Zoning/Building			
	Police			
	Fire Prevention			
	Health			

NAME _____

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS _____ PARKING SPOTS _____

IF CORPORTATION: The information below is required for each officer and each stockholder owning 10% or more of the stock. List the name, address and phone number of each registered agent:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____

NAME, ADDRESS AND PHONE OF ATTORNEY (IF ANY):

PLEASE ANSWER THE FOLLOWING:

Applicant(s) ever been denied a license to conduct a business YES _____ NO _____
If YES, describe in detail. (Date, business, location)

Applicant(s) ever been arrested or convicted of a crime, or violation of any municipal ordinance in the Borough of South River or any other municipality, other than traffic offenses? YES _____ NO _____

Is applicant currently the subject of any outstanding warrants? YES _____ NO _____

If YES to the above, set forth the date and place of the offense, nature of the offense and the punishment or penalty imposed. (Date, location, disposition)

The undersigned makes these statements above to induce the Borough of South River to issue the license herein applied for and agrees to comply with all laws and ordinances of the Borough applicable to the subject business above referred to. I certify the information contained in this application is true and correct.

Applicant Signature

Date