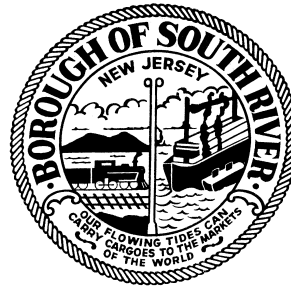


BOROUGH OF SOUTH RIVER

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



APPLICATION FOR MERCANTILE LICENSE

FEEES:
\$50.00 NEW
\$25.00 Transfer

NAME OF BUSINESS _____

PROPOSED LOCATION _____

BLOCK# _____ LOT# _____

BUSINESS TELEPHONE _____

NATURE OF BUSINESS (Describe Operation)

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 _____

DRIVER'S LICENSE# _____

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

PROPOSED BUSINESS AT THIS LOCATION: _____

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:

REFERRAL DATE _____

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

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