

**BOROUGH OF CLEMENTON
MERCANTILE APPLICATION**

101 Gibbsboro Road
Clementon, New Jersey 08021
(856) 783-0284 Fax (856) 783-3419

FEE: \$40.00

License # _____

Name of Business: _____

Address of Business: _____

Mailing Address if Different: _____

City: _____ *State:* _____ *Block:* _____ *Lot:* _____

Type of Business: _____

Business Phone #: _____ *Emergency Phone #:* _____

Days and Hours of Operation: _____

Applicant's Name (First, Middle, Last): _____

Federal Tax ID #: _____

Is Property Owned by Applicant: Yes ____ *No* ____ *. If no, provide owners name and address:* _____

Date Business was acquired: _____

Type of Product Sold, if any: _____

Is there any coin operated: Yes ____ *No* ____ *. If yes, how many and what type* _____

How Is Business : Individual _____ Partnership _____ Corporation _____ LLC _____
If Partnership , Corporation, or LLC (10% or more) List names and Titles of Person(s) :

Business Owner's Name (First, Middle , Last) : _____

Business Owner's Name : (First , Middle, Last) : _____

Business Owner's Name : (First, Middle , Last) : _____

If you or any business partner(s) were formerly in Business , List Trade Name(s) and Address :

Does owner or operator presently possess ant State or Local license ,Business or Professional,
If Yes _____ No _____ , if Yes , list State and Type of license _____

Type of Building Construction : _____

Approximate size of Building : _____

Are volatile or explosive substances stored on premises :Yes _____ No _____ , If yes, List type
of substance(s) : _____

Are any type of renovations being made to the Building :Yes _____ No _____ If Yes list type:
renovations currently under way or planned to be done) : _____

Name , Address , Phone Number for contractor(s) performing renovations : _____

Provide Board of Health License Number , If Required : _____

I, certify that all information and statements herein are true and correct to the best of my knowledge .

Important : Please provide a phone number where you can be reached if any questions or concerns should arise regarding your Mercantile Application

Phone # _____

Signature _____

Date _____

-----For Official Use Only-----

<u>Department :</u>	<u>Date :</u>	<u>Approved</u>	<u>Denied</u>	<u>Signature & Title</u>
Zoning Officer	_____	_____	_____	_____
Building Official	_____	_____	_____	_____
District Fire Official	_____	_____	_____	_____
Police Chief	_____	_____	_____	_____
Tax Collector	_____	_____	_____	_____

DEPARTMENT OF POLICE
BOROUGH OF CLEMENTON

101 GIBBSBORO ROAD
CLEMENTON, NEW JERSEY 08021

William Malseed
Chief of Police



(856) 783-2271
Fax: (856) 784-3825

CONFIDENTIAL
FOR POLICE BACKGROUND CHECK
MERCANTILE APPLICANT

ORIGINALS WILL BE KEPT IN POLICE DEPARTMENT ONLY, NOT FOR PUBLIC RECORD,
NO COPIES WILL BE MADE OF THIS APPLICATION

Name of Business : _____

Business Address : _____

Applicants Full Name : _____

Applicants Home Address and Phone Number : _____

Applicants Social Security Number : _____

Applicants Drivers License Number : _____ State _____

Applicants Date of Birth : _____

Federal Tax Identification Number : _____

If Business is a Corporation , Partnership or LLC , list Name(s) , Address , Social Security Number ,
Date of Birth , Driver License Number (including state of issue) of each Officer / Partner : _____

Has Applicant , Partners , or Officers of the Company / Business ever been convicted of any
Misdemeanor Offense(s) Yes _____ No _____

Has the applicant ever been denied a license or had a license suspended or revoked in this or any
other town in the State of New Jersey ? Yes _____ No _____

Location : _____

Reason : _____

Include your original Drivers License with this application so we can make a copy .

Each applicant , partner , or officer of the company / business must fill out a
application for a police background check .

FINGERPRINTING:

Background check finger printing is generally done through the Identgo website; <https://uenroll.identgo.com>. This is the service mandated by the State of New Jersey. The Clementon Police Department and Borough of Clementon have no affiliation with this service.

Keep this form.

You will need the Clementon Police Department ORI number, and/or the following service codes:

ORI Number – NJ0041000
Local Ordinance – 2F17ZY
Alcohol Beverage License – 2BZZQK

There are limited circumstances where ink fingerprints are taken at Police HQ. If you have been provided with fingerprint cards or were directed to Police Headquarters to have ink fingerprints taken, please contact police records during business hours at 856-783-2271.

Notify the Planning & Zoning Department once you have completed the fingerprinting process to initiate your background check. Fingerprinting results are held in the database for only ten days. After the ten days, they are terminated and no longer accessible to Clementon Police Department for review.

FLOOR PLAN:

On a separate sheet of paper please provide a to-scale floor plan of the business. A layout of the building's interior that shows all rooms, doorways, entrances, exits, storage closets, dining tables and chairs, reception desks, merchandise displays, cash register, waiting rooms, etc.

If activity such as outside dining or live music is wished to occur, a separate floor plan showing the layout is needed.