

**BOROUGH OF CLEMENTON
MERCANTILE APPLICATION**

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

MERCANTILE FEE: \$40.00
INSURANCE FEE: \$50.00

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 machines: 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 Names(s) and Address:

Does owner or operator presently possess any State or Local licenses, Business or Professional?
Yes _____ No _____. If Yes, list State and type of license(s): _____

Type of Building Construction: _____

Approximate size of Building: _____

Are volatile or explosive substances stores on the 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 of
renovations currently under way or planned to done. _____

Name, Address, and Phone Number for all 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.

Signature _____ Date: _____

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

Phone #: _____

----- **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				



*Borough of Clementon
Office of the Municipal Clerk/Administrator
101 Gibbsboro Road * Clementon, NJ 08021
(856)783-0284*

REGISTRATION NOTICE

The State has adopted a requirement that any owner of a business, owner of a rental unit or units, or the owner of a multi-family home of four (4) or fewer units, one (1) of which is owner-occupied is required to file a Certificate of Insurance with the Municipal Clerk on an annual basis.

The owner of a business or the owner of a rental unit or units is required to maintain Liability Insurance for negligent acts and admissions in an amount of not less than Five Hundred Thousand (\$500,000.00) Dollars for combined property damage and for bodily injury to or death of one (1) or more persons in any one (1) accident or occurrence.

The owner of a multi-family home which is four (4) or fewer units, one (1) of which is owner-occupied, is required to maintain Liability Insurance for negligent acts and admissions in an amount of not less than Three Hundred Thousand (\$300,000.00) Dollars for combined property damage and for bodily injury to or death of one (1) or more persons in any one accident or occurrence.

Such insurance can be provided as part of Policies such as those for Commercial General Liability, Personal Liability or an Umbrella Insurance Policy.

Failure to Comply permits the Borough to collect a fine of not less than Five Hundred (\$500.00) Dollars, but no more than Five Thousand (\$5,000.00) against an owner who does not comply with the law.

Please remit a Certificate of Insurance, as described above, along with the annual fee of \$50, payable to the Borough of Clementon, no later than November 30, 2023. Upon receipt, you will be mailed a Certificate of Insurance Registration to confirm compliance with the above noted law.

*A copy of the law has been included to all residents as mandated by
the state of New Jersey. N.J.S.A. 40A:10A*

CHAPTER 92

AN ACT requiring liability insurance for business owners and rental unit owners and supplementing Title 40A of the New Jersey Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey,

C.40A:10A-1 Liability insurance, negligent acts, omissions; business owners, rental unit, unit's owner.

1. a. Except as provided in subsection b. of this section, the owner of a business or the owner of a rental unit or units shall maintain liability insurance for negligent acts and omissions in an amount of no less than \$500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

b. The owner of a multifamily home which is four or fewer units, one of which is owner-occupied, shall maintain liability insurance for negligent acts and omissions in an amount of no less than \$300,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

C.40A:10A-2 Certificate of insurance, annually registration, municipality of business, rental units, multi-family home.

2. a. The owner of a business, owner of a rental unit or units, and the owner of a multifamily home of four or fewer units, one of which is owner occupied, shall annually register the certificate of insurance demonstrating compliance with section 1 of this act with the municipality in which the business, rental units, or multi-family home is located.

b. The governing body of a municipality may, by ordinance, establish a reasonable administrative fee for the certificate of registration required pursuant to subsection a. of this section for properties located in that municipality. The governing body of a municipality may collect, through a summary proceeding pursuant to the "Penalty Enforcement Law of 1999," P.L. 1999, c.274 (C.2A:58-10 ct seq.), a fine of not less than \$500 but no more than \$5,000 against an owner who failed to comply with the provisions of this act.

3. a. The provisions of subsection a. of section 1 of this act shall take effect on the 90th day next following enactment for all new policies issued on or after the 90th day following enactment and shall take effect on the 180th day next following enactment for all policies in force on the date of enactment that are renewed on or after the 180th day following enactment.

b. The provisions of subsection b, or section 1 of this act shall take effect on the 180th day next following enactment and shall apply to policies issued or renewed on or after the 180th day following enactment.

c. The provisions of section 2 or this act shall take on the 90th day next following enactment.

Approved August 5, 2022.



856-783-2271
856-784-3825 FAX

CLEMENTON POLICE DEPARTMENT

101 Gibbsboro Road, Clementon N.J. 08021

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 & Phone Number: _____

Applicants SSN: _____

Applicants Driver's License No.: _____ State: _____

Applicants Date of Birth: _____

Federal Tax ID No.: _____

If Business is a Corporation, Partnership, or LLC, list Name(s), Address, SSN, Date of Birth,
Driver's License No.(include state of issuance), or 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 _____

If Yes, Location: _____

If Yes, Reason: _____

Include your original Driver's License with this application

Each applicant, partner or officer of the company / business must fill out an application for 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 when scheduling your fingerprinting appointment online, and/or the following service codes while at the location:

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

FLOOR PLAN:

On the separate sheet of paper provided, provide a to-scale floor plan of the business.

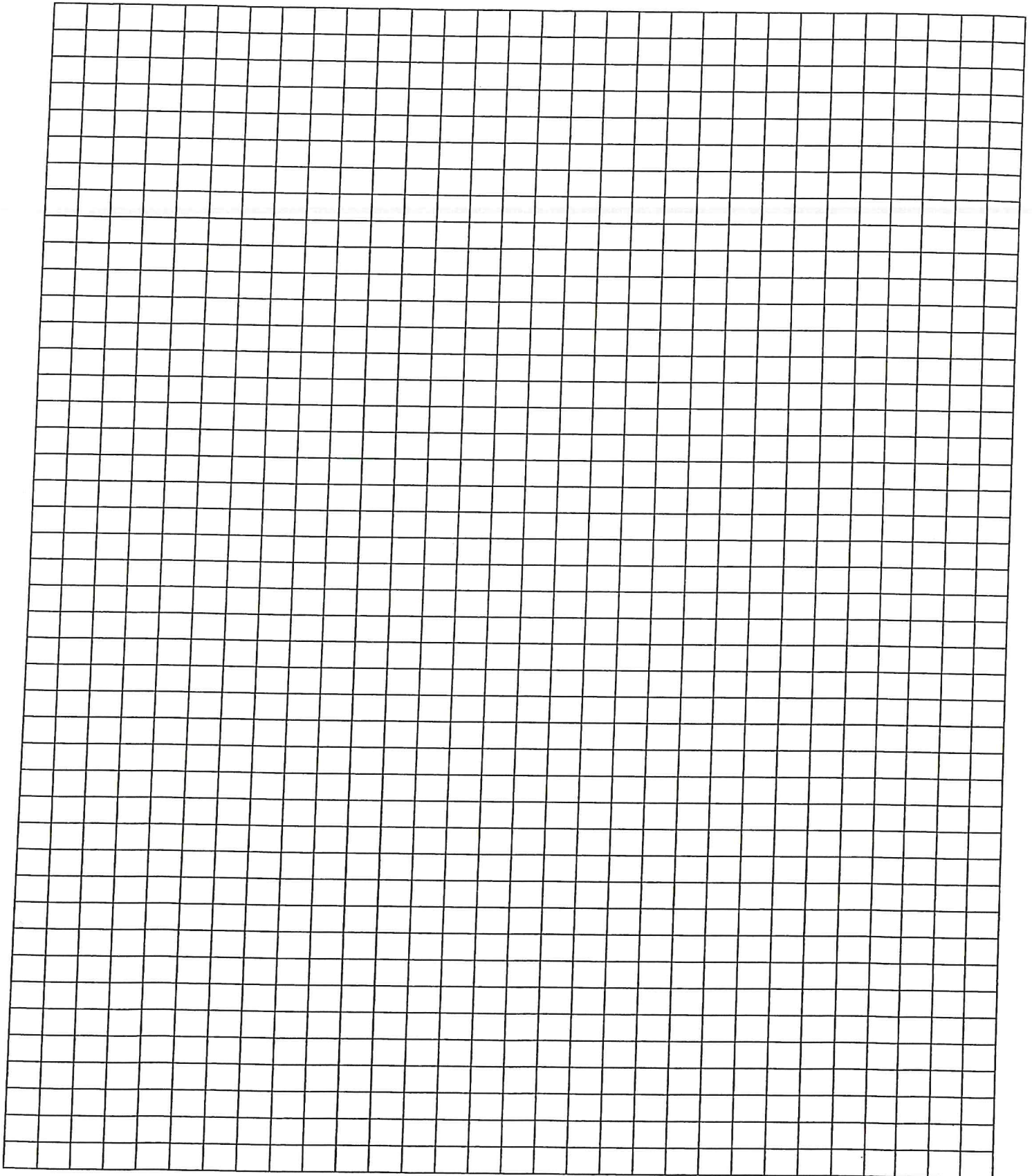
Layout the building's interior showing all rooms, doorways, entrances, exits, storage closets, dining tables and chairs, reception desks, merchandise displays, cash register, waiting rooms, etc.

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

Mercantile license application – Interior layout/floor plan of business.

One (1) square = _____ ft. Label all items with dimensions in drawing and include means of egress.

Note: Photo copy this document if exterior is required. Attach to application when submitting.



Procedures of Mercantile License Application

