WILLINGBORO TOWNSHIP
NEW JERSEY

One Rev. Dr. Martin Luther King, Jr. Drive • Willingboro, NJ 08046
P: 609.877.2200 • F: 609.835.0782 • Willingboronj.gov

MERCENTILE LICENSE APPLICATION CHECKLIST

Business Name: _____

Please check all items included in the application packet, sign and date.
Note: Omittance of the required documents and fees will make your application incomplete.

Mercantile Submission Requirements& Checklist for Mercantile

1. ☐Completed Application
2. ☐ Affidavit of Truthfulness, Notarized
3. ☐Copy of Business Owner's Valid Driver's License or proof of identification.
4. ☐Copy of Business Registration Certificate.
5. ☐Copy of State Sales Tax Certificate of Authority: Issued by NJ Division of Taxation
6. ☐Copy of Proof of ownership or leasing of subject premises (Copy of Deed or Lease)
7. ☐Copy Certificate of Occupancy, or continued certificate of occupancy is required:
   a. Issued by Inspection Department
8. ☐Burlington County Sanitary Inspection Report (for Food Handlers)
9. ☐Business Statement
10. ☐Established Annual Mercantile Fees: $_____

FEES:

Food Handling	$10.00	
Multi-Family Dwellings: Per Unit	$10.00	
Delivery Services: Per Vehicle	$35.00	
Food Vending Vehicle Fees	$50.00	
Single-Family Rental: Per Unit	$50.00	
Commercial & Professional | Retail or Wholesale Sales	$75.00	
Construction& Development Contractors | Personal Services	$75.00	
Hotel/Motel | Light Industrial/Manufacturing | Warehouse | Theater	$100.00	
Restaurant	$100.00	
Expositions, Circus, or Carnival	$200.00	

NOTE: All Mercantile license must be renewed each year by June 30th

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MERCENTILE LICENSE APPLICATION

7/1/20___-6/30/20____

APPLICATION DATE : _____

MERCENTILE REQUEST (please circle one) | **LICENSE TYPE:** (please check all that apply)

☐ New ☐ Annual Renewal ☐ Change of Information | ☐ Retail ☐ Restaurant ☐ Food Handling **Other:**_____

SECTION 1: GENERAL BUSINESS INFORMATION

Business License Number: _____

Type of Business (be specific): _____

Business Name: _____ Business Number: _____

Number of Employees: _____

Business Location: _____ Office/Suite : _____Block_____ Lot_____
Street Address

Mailing Address: _____
If different from Business Location Street/P.O. Box Number City State Zip Code

Days and Hours of Operation: _____

Local Owner(s)/Manager Name: _____ Phone : _____

Email: _____ Website: _____

SECTION 2: OWNER(S) CONTACT INFORMATION (if different than above)

Owner's Name: _____ Phone : _____

Mailing Address: _____
Street/P.O. Box Number City State Zip Code

SECTION 3: PROPERTY OWNER OR MANAGEMENT COMPANY (ONLY IF LEASING)

Name: _____ Phone _____

Alternate Phone: _____ Email: _____

SECTION 4: TYPE OF OWNERSHIP (please check one)

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Corporation ☐ Non-Profit

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- Are you a United States citizen? ☐ YES ☐ NO
(If NO, please furnish a copy of your alien registration card, passport etc.)
- Have you ever been convicted of a crime? ☐ YES ☐ NO
(If yes, what offense and date of conviction) :_____
- Has applicant ever been denied a license suspended or revoked in any municipality in the state of New Jersey? ☐ YES ☐ NO (If Yes, where and why?)_____
- Do you have any other businesses in The Township of Willingboro or any other municipality in the State of New Jersey? ☐ YES ☐ NO (If Yes, please name business(es))_____

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SECTION 5: EMERGENCY CONTACTS

(must be different than property owner or management company)

Name: _____ Phone : _____

Mailing Address: _____

Street/P.O. Box Number City State Zip Code

Alternate Phone: _____ Email: _____

****

Name: _____ Phone : _____

Mailing Address: _____

Street/P.O. Box Number City State Zip Code

Alternate Phone: _____ Email: _____

SECTION 6: EMERGENCY CONSIDERATION

Please provide information regarding hazardous materials on site or other information that will aid emergency personnel. Please attach additional pages if necessary.

_____

Alarms: (Check all the applies) ☐ Burglar ___Fire ___Surveillance

I declare under the penalty of perjury that the information provided in this application is true and correct. I understand that the issuance of a mercantile license does not approve use. I am responsible for obtaining all applicable licenses and permits prior to commencement of business.

_____ _____

Signature of Owner or Authorized Representative Date

SECTION 7: BUSINESS STATEMENT Briefly state nature of business/service:

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By providing your business information to us, you acknowledge that the information may be included in our public or private business directory. This directory may be shared with customers, partners, or other relevant third parties for informational or networking purposes. We strive to ensure the accuracy of the information listed; however, we are not responsible for any errors, omissions, or outdated information.

SECTION 8: AFFIDAVIT OF TRUTHFULNESS OF APPLICATION INFORMATION

Full Name of Applicant: _____
Business Name (if any): _____

I, _____[Your Full Name], residing at _____ [Your Complete Address], after having been duly sworn in accordance with law, do hereby depose and state: That I am the applicant for _____ [Business Name], and I am executing this Affidavit to attest to the truthfulness of the information I have provided in my application.

That all the information, documents, and supporting evidence submitted by me in connection with the said application are true, correct, and complete to the best of my knowledge and belief.

I understand any false statement, misrepresentation, or concealment of facts may result in the rejection of my application or subsequent revocation of any benefit granted as a result thereof.

That I am executing this Affidavit to affirm the integrity of my submission and to comply with any legal or administrative requirements associated with the application process.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____, 20, at [City, State].

_____
[Signature of Applicant]

SWORN AND SUBSCRIBED TO before me this ____ day of _____, 20_____, affiant having duly affixed his/her signature in my presence and having exhibited competent proof of identity.

_____
Notary Public Signature
My commission expires: _____

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