



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	



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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

Alternate Phone: _____ Email: _____

SECTION 3: TYPE OF OWNERSHIP (please check one)

Corporation Partnership Sole Proprietorship Limited Liability Corporation Non-Profit

SECTION 4: PROPERTY OWNER OR MANAGEMENT COMPANY (ONLY IF LEASING)

Name: _____ Phone _____

- 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)) _____

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:

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
depone 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: _____