



GLOUCESTER TOWNSHIP

JOIN THE EXCITEMENT

GLOUCESTER TOWNSHIP MERCANTILE LICENSE APPLICATION

In accordance with the township's code book, Ordinance 9-9-77 and subsequent amendments, allows for the licensing of businesses within the township upon the issuance of a license in accordance with the following provisions:

1. Submission of the below application, Zoning Permit from the Zoning Officer, and non-refundable licensing fees:
INITIAL MERCANTILE APPLICATION FEE: \$100.00
Approved permits expire the last business day of January the following year.
2. Per P.L.2022,c.92, provide a Certificate of 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.
3. All owners of the business are required to submit to a confidential fingerprint/background check to operate a business in the Township. This paperwork will be provided once an application is submitted. Verification of fingerprints must be received within 48 hours of appointment via email at lbaker@glotwp.com or hand delivered to ensure processing of application. If the business is a corporation, a list of officers must be attached and the background check will be waived.
4. Renewal applications must be submitted by January 31st annually
RENEWAL MERCANTILE APPLICATION FEE: \$25.00
5. Renewal applications received AFTER March 31st are subject to a late renewal fee
LATE RENEWAL FEE: \$35.00
APRIL 1ST - APRIL 30th
6. Renewal applications received AFTER April 30th will be deemed a new application and subject to the \$100.00 Initial Mercantile Application Fee.

Please refer to Chapter 63 of the township code book for specific rules and regulations regarding the application for a Mercantile License in the Township of Gloucester.

TOWNSHIP OF GLOUCESTER MERCANTILE APPLICATION						Page 1 of 3		
1261 Chews Landing Road-Clementon Road P.O. Box 8 Blackwood New Jersey 08012 Phone:856-228-4000 Ext. 3236 Fax: 856-374-3527 www.glotwp.com						Clerk Use Only:		
						Permit #:		
Fee:	\$100.00	Made payable to the Township of Gloucester – Include your payment with this application						
Name of Business:								
Physical Business Address:								
Mailing Address (If Different):								
City:					State:		ZIP:	
Business Phone(s):				Business FAX:				
Type of Business (Describe):								
Describe Products Sold:								
Any Coin Operated Machines on Premises:						If Yes How Many:		
Date Business Was Acquired:				Is Business:		☐ Individual ☐ Partnership ☐ Corporation ☐ LLC		
If Partnership or LLC (10% or More) List Names and Titles:								
Email Address: (You may list more than one)								
List an email address for the business or any email address in which the owner/manager will receive email. You will receive important safety information and community notices from Gloucester Township								
Hours of Operation:								
Applicants Name:					Federal ID #:			
Home Address :								
A photo copy of your driver's license must be attached.				Check here to indicate that you have attached a copy of your driver's license				
City:					State:		ZIP:	
Home Phone:				Cell Phone:				
Has applicant, partners, officers of the company ever been convicted of any misdemeanors or crimes:						☐ Yes If Yes Describe In Comments Section at End		
Is Property Owned By Applicant:				If not fill in owner(s) information below				
Owner Name:					Address:			
City:					State:		ZIP:	
Phone:				Cell Phone:				
City:					State:		ZIP:	
Phone:				Cell Phone:				
Business Owners Name:					Same as Applicant (If Checked Skip Next Two Lines)			
City:					State:		ZIP:	

Phone:			Cell Phone:		
If you Were Formerly In Business Give Trade Name and Address:			Previous Business Name:		
Previous Business Address:					
Does owner or operator presently possess any state or local license business – Business or Professional			☐ Yes (If Yes Describe In Comments Below)		
Describe Type of Building Construction:					
Approximate Size of Building:			Board of Health License # If Required:		
Any Renovations Being Made To the Building:		☐ No ☐ Yes (Yes - Explain Below)	Are Volatile or Explosive Substances Stored On Premises:		☐ No ☐ Yes (Yes - Explain Below)
Applicant Comments:					
I certify that all information and statements herein are true and correct to the best of my knowledge.					
List phone number where you can be reached for any questions relating to your application:					
➔➔➔➔➔➔➔		Signature of Applicant:			Date:
↓ Office Use Only ↓					
Department		Action		Date	
Zoning Officer		☐ Recommended ☐ Not Recommended		Date:	
Chief of Police		☐ Recommended ☐ Not Recommended		Date:	
Township Clerk		☐ Recommended ☐ Not Recommended		Date:	
Total Fee Received:			Date Received:		Received By:
↓ Police Department Use Only ↓					
☒	Bureau/ Unit	Action		Date	Result/Comments
☐	CSD	Fingerprint Results Obtained			☐ History ☐ No History
☐	CRB	Applicant review and recommendation to Chief			
☐	CRB	Emergency contact form provided to Dispatch			
☐	CRB	Emergency contact form provided to Fire Official			
☐	CRB	CNS Entry/ New Business welcome email			
☐	CRB	New Business Alert to all personnel			
☐	CRB	Site Review			
☐	ASD	911/Communication/Map Review			
☐	CRB	CRB Commander Review			
Comments:					

GLOUCESTER TOWNSHIP POLICE FIRE AND POLICE EMERGENCY BUSINESS LISTING GTPD Community Relations Bureau communityrelations@gtpolice.com or call GTPD Police Services at 856-228-4011					POLICE DEPARTMENT USE ONLY						
					☐ New ☐ Update		ID #:				
					Date Left:		Date Rec:				
Date:		Name of Business:									
Physical Business Address:											
City:					State:		ZIP:				
Business Phone(s):						Business FAX:					
Type of Business and Products Sold:								Type of Occupancy:			
Email Address: (You may list more than one) List an email address for the business or any email address in which the owner/manager will receive email. You will receive important safety information and community notices from Gloucester Twp.											
Hours of Operation:											
Business Owner:					Home Address :						
City:					State:		ZIP:				
Home Phone:					Cell Phone:						
Is Property Owned By Applicant:							If not fill in owner(s) information below				
Property Owner Name:							Address:				
City:					State:		ZIP:				
Phone:					Cell Phone:						
Protection Systems and Special Circumstances ☒ = Yes											
☐	Fire Alarm	☐	Building Sprinkler	☐	Video Surveillance Recording:	☐ Interior ☐ Exterior ☐ None					
☐	Burglar Alarm	☐	Range/Cooking	☐ Other:							
☐	Hold-Up Alarm	☐	Does Building Have a Knox Box:	☐ Yes ☐ No	If Yes Location of Box:						
☐	Panic Alarm	☐	Hazardous Materials (If Yes Describe In Comments)	Name/Phone # of Alarm Company/Monitoring Station:							
Comments:											
Emergency Contact List (List in Order of Preference – Repeat Owner Information as an Emergency Contact If Desired)											
	Name			Address			Phone (Cell or 24 Hour Phone Required)				
1											
2											
3											
4											
5											
→→→		Signature of Person Completing Form:							Date:		
↓ Police Department Use Only ↓							Date		Comments		
☐	CRB	Community Notification System Entry									
☐	CRB	Introductory Email									
☐	CRB	Emergency contact form provided to Fire Official									
☐	CRB	Emergency contact form provided to Dispatch									
☐	CRB	Emergency Information entered into Database									
☐	CRB	CRB Commander Review									