GLOUCESTER TOWNSHIP

JOIN THE EXCITEMENT

TOWNSHIP OF GLOUCESTER
RETAIL FOOD ESTABLISHMENT APPLICATION

In accordance with the township's code book, Ordinance No. 385 allows for the licensing of Retail Food Establishments within the township upon the issuance of a license in accordance with the following provisions:

1. Submission of the below application and non-refundable licensing fees:

   INITIAL MERCANTILE FEE: $100.00

Seating Capacity up to 100 people:	$25.00 Annually
Seating Capacity 100 people or more:	$100.00 Annually
Temporary Food Establishment:	$10.00

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. An approved license from the Camden County Board of Health must be submitted with this application along with an approved Zoning Permit from the Township Zoning Officer.

5. Renewal applications must be submitted by January 31st annually

   RENEWAL MERCANTILE APPLICATION FEE: $25.00

6. Renewal applications received AFTER March 31st are subject to a late renewal fee

   APRIL 1ST – APRIL 30th LATE RENEWAL FEE: $35.00

7. Renewal applications received AFTER April 30th will be deemed a new application and subject to the $100.00 Initial Mercantile Application Fee.

TOWNSHIP OF GLOUCESTER RETAIL FOOD ESTABLISHMENT - 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:	VARIES	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):		Seating Capacity:				
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	Signature
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		