

**APPLICATION FOR MERCANTILE LICENSE  
FOR THE YEAR 2020-2021**

**WESTAMPTON TOWNSHIP  
710 RANCOCAS ROAD  
WESTAMPTON, NJ 08060  
(609) 267-1891 ext. 6  
FAX# (609) 267-7398**

**PLEASE PRINT AND COMPLETE BOTH SIDES OF THE APPLICATION** and remit application with the fee noted below to the Township of Westampton at the above address.

APPLICATION FEE: **\$50.00**

PLEASE NOTE: License Application must be filed by **July 1<sup>st</sup>** unless your business is seasonal. Seasonal businesses must file prior to the opening date. No business is permitted to operate without a mercantile license. Violations are subject to penalty.

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Describe thoroughly the type of business to be conducted at the above address:

\_\_\_\_\_  
\_\_\_\_\_

Days and hours of operation? \_\_\_\_\_

Number of employees scheduled to work each shift? \_\_\_\_\_

PRINT NAME OF APPLICANT (**OWNER**) \_\_\_\_\_

Owner's Home Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner's Home Phone \_\_\_\_\_

**Business Manager's Name** (If different than owner) \_\_\_\_\_

(fill out back side)

**LOCAL EMERGENCY CONTACT FOR YOUR BUSINESS:** This is used for fires and emergencies at your location.

NAME OF CONTACT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE#/PAGER# \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

This application is subject to the approval of the license inspection bureau. Local Ordinance #6-1989, Mercantile License and Amendments shall be the regulations governing same. A copy of this ordinance is at the Municipal Complex for your use.

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DO **NOT** WRITE BELOW THIS LINE: For Township Use Only.

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

License Number Assigned \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_