

**City of Burlington**  
525 High Street  
Burlington, NJ 08016  
Office of the Municipal Clerk  
[AHarley@burlingtonnj.us](mailto:AHarley@burlingtonnj.us) or (609) 386-0200 x 102

**MERCANTILE LICENSE APPLICATION**

Complete this application and return to the Municipal Clerk's Office with a valid photo ID and a non-refundable \$50.00 Application Fee to be paid by cash or a check/money order made payable to: *City of Burlington*. (*Application to be completed by applicant along with property owner's signature on the bottom of page 1.*)

If you have not received Zoning Approval, the Mercantile License Application will not be accepted.

Upon receipt by the Municipal Clerk's Office, the application will be forwarded to various City Departments for approval as follows:

- **Zoning Department** - confirmation of Zoning approval received.
- **Tax Office** – verification of that the taxes, water & sewer are current on the property. If there are delinquencies, the property owner and/or applicant will be contacted by the with amounts due, and the application will pause until payment is made in full.
- **Police Department** – all applicants will receive a background check.
- **Construction Office** – inspections will be scheduled (building/electrical, plumbing). Additional fees may apply.
- **Fire Prevention Bureau** – confirmation of completed application received. (pages 2 & 3)
- **Health Department** - inspections for all food-related businesses must be scheduled by the applicant by contacting the Burlington County Board of Health at (609) 265-5515. Once the certificate of satisfactory completion is secure, a copy must then be supplied to the Municipal Clerk's Office **and** the City's Health Department Official, Brenda Marks at [bmarks@burlingtonnj.us](mailto:bmarks@burlingtonnj.us) or 609-386-0200 x 137. Additional fees may apply.

**Historic District:** If your building is located in the City's Historic District and you or your landlord plan to do any exterior renovations such as painting, signs, facade work, etc., please contact Lisa Schiller, Historic Preservation Commission Secretary at [lschiller@burlingtonnj.us](mailto:lschiller@burlingtonnj.us) or (609) 386-0754.

**Issuance and Display of License:** Once the application is approved and the Mercantile License is granted, the applicant will be notified for pick up. The license must be prominently displayed, along with the Fire Prevention Certificate of Inspection and City & County Health Certificates (if applicable for food related business).

**Mercantile License Application**

**License No.** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

The following information is mandatory to obtain a Mercantile License and Commercial Certificate of Occupancy.

**Name of Applicant(s):** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Applicant Birthdate:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Social Security #:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Home Address:** 1. \_\_\_\_\_

2. \_\_\_\_\_

**Home Phone # :** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Email Address :** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Proposed Business Address:** \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Phone # of Proposed Business:** \_\_\_\_\_

**Proposed Business Trade Name:** \_\_\_\_\_

**Nature of Proposed Business:** \_\_\_\_\_

**Property Owned By:** \_\_\_\_\_

**Applicant(s) Previous Home Addresses - List your home address for the past 10 years:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Employment - List employment for the past 10 years (include names, addresses, phone numbers):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Criminal Record - Have you ever been arrested for anything?:** 1. YES / NO 2. YES / NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**References - List Three (names, addresses, phone numbers):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Signature of Business Owner(s):** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_



CITY OF BURLINGTON FIRE PREVENTION BUREAU

FIRE SAFETY USE REGISTRATION FORM

DATE: \_\_\_\_\_

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED.

ALTERNATIVELY, YOU MAY SCAN THE QR CODE HERE:



PLEASE CHECK ONE:

NEW TENANT

CHANGE OF OWNERSHIP

RENOVATIONS OF EXISTING TENANT

UPDATE OF INFORMATON

1. NAME OF BUSINESS: \_\_\_\_\_

PHYSICAL STREET ADDRESS: \_\_\_\_\_ BURLINGTON, NJ

FEIN # \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON EMAIL: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

SQUARE FOOTAGE OF BUSINESS (REQUIRED): \_\_\_\_\_

IF THIS IS AN EXPANSION OF AN EXISTING BUSINESS AT THIS LOCATION, WHAT IS THE TOTAL NEW SQUARE FOOTAGE? \_\_\_\_\_

OCCUPANCY LOAD: \_\_\_\_\_ IS ALCOHOL SERVED? \_\_\_\_\_

2. OWNER OF BUSINESS: \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

TYPE OF OWNERSHIP (LLC, LLP, Corp., Non-Profit, etc.) \_\_\_\_\_

OWNER PHONE #: \_\_\_\_\_

OWNER EMAIL: \_\_\_\_\_

3. **PREVIOUS TENANT (if applicable):** \_\_\_\_\_

4. **IF BUSINESS IS A CORPORATION:**

PRESIDENT: \_\_\_\_\_

CORPORATE HEADQUARTERS ADDRESS : \_\_\_\_\_

\_\_\_\_\_

CORPORATE TELEPHONE #: \_\_\_\_\_

5. **LANDLORD/OWNER OF BUILDING:** \_\_\_\_\_

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

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

6. **FACILITIES MANAGER / RESPONSIBLE PARTY FOR THIS BUSINESS, IF DIFF THAN #1**

NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

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

7. **BILLING/BUSINESS MAILING ADDRESS, IF DIFFERENT THAN #1**

BILLING NAME: \_\_\_\_\_

BILLING ADDRESS, CITY, STATE: \_\_\_\_\_

\_\_\_\_\_

BILLING PHONE: \_\_\_\_\_

8. **LIST UP TO TWO 24/7 EMERGENCY CONTACT PERSONS (KEPT CONFIDENTIAL)**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

9. **DESCRIBE BRIEFLY ANY FLAMMABLE, COMBUSTIBLE LIQUIDS OR HAZARDOUS MATERIALS AND CHEMICALS HANDLED OR STORED:**

\_\_\_\_\_

**I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.**

SIGNATURE OF OWNER OR REPRESENTATIVE: \_\_\_\_\_

PRINTED NAME OF OWNER OR REPRESENTATIVE: \_\_\_\_\_

**Mercantile License Application**

License No. \_\_\_\_\_

Date Received: \_\_\_\_\_

**FOR INTERNAL OFFICE USE ONLY**

(Required Approvals)

**A. MERCANTILE LICENSE APPLICATION COMPLETION & FEE:**

Fee/Amt. Pd. \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_

Signature of Municipal Clerk/Deputy/Clerk Assistant:

\_\_\_\_\_ DATE \_\_\_\_\_

**B. ZONING APPROVAL:**

REMARKS: \_\_\_\_\_

Signature of Zoning Official: \_\_\_\_\_ DATE \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**C. PROPERTY TAX, WATER, SEWER & ASSESSMENT:**

REMARKS: \_\_\_\_\_

Signature of Tax Collector: \_\_\_\_\_ DATE \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**D. POLICE INVESTIGATION:**

REMARKS: \_\_\_\_\_

Signature of Chief of Police: \_\_\_\_\_ DATE \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**E. CONSTRUCTION INSPECTION:**

REMARKS: \_\_\_\_\_

Signature of Construction Official: \_\_\_\_\_ DATE \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**F. FIRE PREVENTION REGISTRATION:**

REMARKS: \_\_\_\_\_

Signature of Fire Marshal: \_\_\_\_\_ DATE \_\_\_\_\_

Registration Received: \_\_\_\_\_

**G. HEALTH INSPECTION: (If applicable)**

REMARKS: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ DATE \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_