

City of Burlington
525 High Street
Burlington, NJ 08016
Office of the Municipal Clerk
ghodgson@burlingtonNJ.us or (609) 386-0200 x102

MERCANTILE LICENSE APPLICATION

You must submit the zoning application + **\$25 fee** prior to mercantile submission. Without zoning approval, this application will be denied. Zoning Officer, Damian Gil: DGil@burlingtonNJ.us.

Applications **will not** be considered unless submitted thirty (30) days in advance of the requested issue date.

After you receive zoning approval, complete and return Form M-1 and the Fire Safety Use Registration to the Municipal Clerk's Office along with a **valid photo ID** + the **non-refundable \$50 application fee** (cash, check or money order) payable to: City of Burlington.

Upon receipt, the Municipal Clerk's Office will secure departmental approval as follows:

- **Zoning Department:** Confirmation of zoning approval received.
- **Tax Office:** Verification 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:** 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.
- **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 Registrar, Brenda Marks, at bmarks@burlingtonNJ.us or 609-386-0200 x137. Additional fees may apply.

Historic District: Properties located in the City's Historic District with plans for any exterior renovations such as signage, painting, facade work, etc., contact Historic Preservation Commission Secretary, Lisa Schiller, at lschiller@burlingtonNJ.us or (609) 386-0754.

Issuance and Display of License: Once the license is approved and the Mercantile is granted, the license **must be prominently displayed**, along with, if applicable, the Fire Prevention Certificate of Inspection and City & County Health certificates.

The following information in this packet is mandatory to obtain a Mercantile License and CCO.



FINGERPRINTING



Thank you for applying for a license with the City of Burlington.

Prior to the submission of any license application, each person included on this application **must be fingerprinted**, effective 11/1/2024. To ensure that your request is processed in a timely fashion, please submit your application at least 30 days prior to the requested issue date.

Instructions for fingerprinting:

1. Visit: <https://uenroll.identogo.com/>
2. Enter service code: 2F1HSX
3. Click 'Schedule or Manage an Appointment'
4. Enter your information
5. Enter ORI #: NJ0030500
6. Click 'Search'
7. Select: BURLINGTON CITY POLICE DEPARTMENT
8. Enter Contributor Case #: APPLICANT
9. Complete the remaining prompts
10. Submit a copy of your Service Confirmation email with your application to the Municipal Clerk's Office – see sample below & note that failure to provide will delay your application

IdentoGO Service Confirmation - 2F1HSX- VOLUNTEER-VOX-State Only

 nobody@uemail.identogo.com
To:  Gabrielle Hodgson

[Reply](#) [Reply All](#) [Forward](#) [More](#)

Tue 10/29/2024 12:40 PM

IdentoGO

Service Details:

Customer:	TEST M DUMMY
UE ID:	UZNJ-SRYNNR
Service:	2F1HSX - VOLUNTEER-VOX-State Only
Estimated Amount Due:	\$33.73
Appointment Time:	11/6/2024 @ 08:40 AM (EST)
Appointment Location:	IdentoGO 57 Haddonfield Rd Colwick Business Center Ste 110 Cherry Hill, NJ 08002-4813

We accept the following methods of payment: Authorization Code, Business Check, Money Order, Credit Card
Personal checks and cash **will not** be accepted

IMPORTANT!

YOU WILL BE REQUIRED TO BRING THE FOLLOWING DOCUMENTS TO YOUR ENROLLMENT. Legal Name must match exactly on all identification documents brought to enrollment.

1. Driver's License PERMIT issued by a State or outlying possession of the U.S.

All ID Documents must be the originals. Copies will not be accepted.

Status as of 10/29/24

Pre-Enrolled
You have successfully pre-enrolled.

Please provide 24 hours' notice when cancelling / rescheduling an appointment.
[Click here to check your status or manage your appointment](#)

This message is only for the use of the intended recipient and may contain information that is CONFIDENTIAL and PROPRIETARY to IDEMA USA, Inc. If you are not the intended recipient, please erase all copies of the message and its attachments and notify the sender immediately.

Mercantile Application

License No. _____

Date Received: _____

BUSINESS INFORMATION

Business Name: _____

Proposed Business Address: _____ **Block:** _____ **Lot:** _____

Proposed Business Hours: _____:_____AM/PM - _____:_____AM/PM

Is this business located in a Historic District?: ☐ YES ☐ NO

Will this business serve food on its premises?: ☐ YES ☐ NO

If yes, will the food be prepared on site?: ☐ YES ☐ NO ☐ N/A

Business Phone #: _____

Business Email: _____

Description of Proposed Activity/Nature of Business: _____

Name of Business Owner(s): _____

Name of Property Owner: _____

Signature of Business Owner(s): 1. _____ 2. _____

Signature of Property Owner: _____

Mercantile Application
License No. _____

Date Received: _____

APPLICANT INFORMATION

Name of Applicant: _____

Applicant Birthdate: _____ **Social Security #:** _____ - _____ - _____

Home Address: _____

Home Phone #: _____ **Email Address:** _____

Criminal Record - Have you ever been arrested for anything? (circle one): YES / NO

If yes, explain: _____

Previous Home Addresses – past 10 years:

1. _____
2. _____
3. _____

Employment - past 10 years (names, addresses, phone numbers):

1. _____
2. _____
3. _____

References - list three (names, addresses, phone numbers):

1. _____
2. _____
3. _____

COMPLETE BELOW FOR SECONDARY APPLICANTS

Name of Secondary Applicant: _____

Applicant Birthdate: _____ **Social Security #:** _____ - _____ - _____

Applicant Home Address: _____

Home Phone #: _____ **Email Address:** _____

Criminal Record - Have you ever been arrested for anything? (circle one): YES / NO

If yes, explain: _____

Previous Home Addresses for the past 10 years:

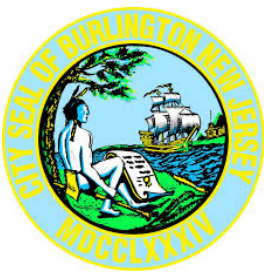
1. _____
2. _____
3. _____

Employment - past 10 years (names, addresses, phone numbers):

1. _____
2. _____
3. _____

References - list three (names, addresses, phone numbers):

1. _____
2. _____
3. _____



CITY OF BURLINGTON
Bureau of Fire Prevention

575 High Street Burlington, New Jersey 08016
Phone (609) 386-0200 ext. 171 Fax (609) 386-0214

www.burlingtonnj.us



Fire Dept. Use Only

DATE: _____

Entered _____ Insp. Month _____ Insp. _____

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

PLEASE CHECK ONE:

☐ **NEW TENANT**

☐ **CHANGE OF OWNERSHIP**

☐ **RENOVATIONS OF EXISTING TENANT**

☐ **UPDATE OF INFORMATION**

City of Burlington Bureau of Fire Prevention enforces State Legislation, Public Law 1983, Chapter 383 N. J. S. A. 52: 27D- 192 et. Seq. that provides for the establishment of a Uniform State Fire Safety Code. This requires the annual registration and periodic fire inspections of all businesses and buildings. Every business and / or building owner must respond. The application must be returned to this office within 30 days with all items completed. Failure to do so will constitute a violation of State Regulations and may be subject to a penalty fine of not less than \$100.00 and not more than \$1,000.00. **IN ORDER TO KEEP BURLINGTON CITY A FIRESAFE COMMUNITY, WE ARE ASKING FOR YOUR FULL COOPERATION.**

1. **NAME OF BUSINESS:** _____

PHYSICAL STREET ADDRESS: _____

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 _____

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 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/Deputy Clerk: _____ DATE _____

B. ZONING: ☐ Approved ☐ Denied

REMARKS: _____

Zoning Official Signature: _____ DATE _____

C. PROPERTY TAX, WATER & SEWER: ☐ Approved ☐ Denied

REMARKS: _____

Tax Collector Signature: _____ DATE _____

D. POLICE INVESTIGATION: ☐ Approved ☐ Denied

REMARKS: _____

Chief of Police Signature: _____ DATE _____

E. CONSTRUCTION INSPECTION: ☐ Approved ☐ Denied

REMARKS: _____

Construction Official Signature: _____ DATE _____

F. FIRE PREVENTION REGISTRATION: ☐ Approved ☐ Denied

REMARKS: _____

Fire Marshall Signature: _____ DATE _____

G. HEALTH INSPECTION (If applicable): ☐ Approved ☐ Denied

REMARKS: _____

Health Registrar Signature: _____ DATE _____