

**APPLICATION FOR MERCANTILE LICENSE  
FOR THE YEAR 2011-2012**

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

**PLEASE PRINT AND COMPLETE THE ENTIRE 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 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:

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

What are the hours and days of operation? \_\_\_\_\_

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

Your Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

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

**LOCAL EMERGENCY CONTACT FOR YOUR BUSINESS:** This is used also 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: \_\_\_\_\_