

MERCANTILE LICENSE APPLICATION

GENERAL INFORMATION

- Application Fee: \$10.00 (Make payable to "Borough of Glassboro")
- Licensing Term: January 1st – December 31st
- P.O. Boxes are not sufficient address
- Please mail application before February 15, 2023

**** New State Requirement****

Ordinance #22-28 –Chapter 303A –Licensing Article II –

Every Business Must Submit Proof of Liability Insurance – (see letter for minimum requirements)

A mercantile license will not be issued until proof of insurance and any/all fees owed to the Borough of Glassboro are paid in full.

BUSINESS INFORMATION

Date: _____ Initial Application: _____ Renewal: _____ Block: _____ Lot: _____
Business Name: _____ Email: _____
DBA: _____ Description of Business: _____
Street Address: _____ Mailing Address (if different): _____
Hours of Operation: _____
Business Phone: _____ Website: _____
Fax: _____ # of Employees: _____

OWNER INFORMATION

Name of Owner of Business: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Please provide previous address if Applicant has been at current address less than five years:

Phone Numbers: Home: _____ Cell: _____

Name of Corporation/Partnership/LLC: _____

If Corporation/Partnership/LLC: Provide names, address and phone numbers of all officers, members or partners:

(Attach information on additional page if necessary)

Name: _____ Title: _____ Address: _____ Phone: _____

Name: _____ Title: _____ Address: _____ Phone: _____

Name: _____ Title: _____ Address: _____ Phone: _____

If a Corporation/Partnership/LLC: Please provide name, address and phone number of Registered Agent:

Emergency Phone No: _____ Emergency Contact Person: _____

PROPERTY INFORMATION

Name of Owner of Property Where Business Is Located: _____

Address of Owner: _____ City: _____ State: _____ Zip: _____

Phone number: _____

Property Manager: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

CERTIFICATION

Has any previous Business License in this Borough, held by the applicant, been suspended or revoked? Yes ___ No ___

If yes, please describe: _____

Have you been convicted of any crimes of the 1st, 2nd, 3rd or 4th degree? Yes ___ No ___

If yes, please provide date and location of conviction: _____

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and ordinances of the Borough of Glassboro applicable to the operation of said business. In the event any information given was willfully false, my license shall be declared null and void. **Included is my proof of business insurance.**

Date: _____

Signature of Applicant

Mail To: Economic Development
1 South Main Street
Glassboro, NJ 08028
Attn: Tawana Bryant

Office Use Only:
Check#:
License#:

Rev: 1/23