

**APPLICATION FOR MERCANTILE LICENSE
FOR THE YEAR 2016-2017**

**WESTAMPTON TOWNSHIP
710 RANCOCAS ROAD
WESTAMPTON, NJ 08060
(609)267-1891
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 1st** 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) _____

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.

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

APPROVED _____ DISAPPROVED _____ DATE: _____

Authorized Signature _____

License Number Assigned _____

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