

**TOWNSHIP OF BERKELEY  
MERCANTILE LICENSE APPLICATION**

An application is hereby made to the Township of Berkeley, NJ to operate a mercantile establishment in the Township.

New\_\_\_\_\_ Renewal\_\_\_\_\_ Location/Information Change\_\_\_\_\_

Business Name: \_\_\_\_\_ Trading As: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address of Business: \_\_\_\_\_

\_\_\_\_\_

Website address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Mailing Address of Business (if different from above): \_\_\_\_\_

\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Name, title, address and telephone number of applicant: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Alarm System: Yes\_\_\_\_\_ No \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are not the owner of the premises, list name, address and telephone number of owner/landlord and term of lease:

\_\_\_\_\_

\_\_\_\_\_

Property Owner/Landlord Statement:

I, \_\_\_\_\_, owner of Block \_\_\_\_\_ Lot(s) \_\_\_\_\_,  
aka \_\_\_\_\_ (street address), Bayville, hereby acknowledge  
that this application by \_\_\_\_\_ for a Mercantile License of said  
property is made with my consent.

Signature of Property Owner/Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Operation of licensed business:

Days of the week & hours: \_\_\_\_\_

Describe in detail type of business activity being conducted: \_\_\_\_\_

\_\_\_\_\_

List goods, articles, merchandise or service to be sold or supplied: \_\_\_\_\_

\_\_\_\_\_

Restaurant/Eatery (# of seats): \_\_\_\_\_

Space (Square Feet): \_\_\_\_\_

If license activity is conducted from vehicle(s), please state make, model(s), tag number(s) and

Driver's license number(s) of operators: \_\_\_\_\_

\_\_\_\_\_

I hereby set forth the answers, statements and declarations on this application are absolutely true  
in all respects. Any falsification of this document will result in the denial of my license  
application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Save and email form to: [townshipclerk@twp.berkeley.nj.us](mailto:townshipclerk@twp.berkeley.nj.us)

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