

# BOROUGH OF PINE HILL

CAMDEN COUNTY, NEW JERSEY

08021



## MERCANTILE LICENSE APPLICATION

### GENERAL INFORMATION

- Licensing Term: January 1<sup>st</sup> – December 31<sup>st</sup>.
- Licensing fee of \$30.00 shall be paid on or before January 31<sup>st</sup> of each year.
- Per Borough Code, all license fees that remain outstanding as of February 1<sup>st</sup>, a license fee equal to fifty percent of the licensing fee will be assessed for each month it is late. All late fees assessed against a business must be paid with the licensing fee.
- Failure to comply may result in fines and court action.
- P.O. Boxes are not sufficient addresses.
- New Food Establishments must provide a copy of Satisfactory Inspection Certificate from the Camden County Health Department.

### BUSINESS INFORMATION

Date: \_\_\_\_\_  Initial Application  Renewal Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Business Manager: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Fed Tax ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_ NJ Bus. Reg Cert #: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_

### APPLICANT INFORMATION

Name of Business Owner: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mail Renewals & Correspondence to:  Owner Address  Business Address

#### If Corporation/Partnership:

Name of President/Partner: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Secretary/Partner: \_\_\_\_\_ Address: \_\_\_\_\_

### AFFIDAVIT

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

If Yes, Please Describe: \_\_\_\_\_

The 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 Pine Hill applicable to the operation of said business.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Mail:

Completed Application  
Fee (check or money order only)

#### To:

Borough of Pine Hill  
Clerk's Office  
45 W. 7<sup>th</sup> Ave.  
Pine Hill, NJ 08021

New Registrations must also provide the following:

Copy of Business Registration Certificate

Copy of Cert. of Authority (Sales & Use Tax)

#### For Office Use Only:

Board of Fire Commissioners of the Borough Fire District  
Camden County Board of Health  
Pine Hill Borough Construction/Building Department  
Pine Hill Borough Zoning Officer