



**CITY OF LINWOOD, NJ
MERCANTILE LICENSE APPLICATION**

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

New _____ **Renewal** _____ **Location/Information Change** _____

Business Name: _____ Trading As: _____

Corporate Name: _____

Address of Business: _____

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 of applicant: _____

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)

_____ City of Linwood, 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 _____

(Please turn page →)

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 (# of seats) _____

Office Space (square feet) _____

If license activity is conducted from vehicle (s), state make, Model (s), tag numbers (s) and driver license number (s) of Operation (s): _____

(copy of current vehicle registration (s) and vehicle insurance must be attached)

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: _____

Please send a check or money order in the amount of \$ _____ made payable to the City of Linwood and return to the City Clerk's Office, 400 Poplar Avenue, Linwood, NJ 08221.

FOR OFFICE USE ONLY

License # _____

Check # _____

Payment _____

Date Received _____

Zoning Officer

Approved _____

Denied _____

The applicant's fingerprint submission to the New Jersey State Police, (State Bureau of Identification), failed to disclose a criminal arrest for an indictable offense (an offense of the 1st, 2nd, 3rd or 4th degree) or any drug related offense in the State of New Jersey. Additionally, a local check with the law enforcement agency having jurisdiction where the applicant reported to reside failed to disclose any criminal arrests in that jurisdiction. The applicant is NOT registered as a tier three offender of Megan's Law.

Chief of Police