

CHRISTOPHER T. MORRIS
Council President

Council Members
MARION BODANZA
THOMAS DIGANGI
JEROME McINTOSH



PHYLLIS MAGAZZU
Mayor

CATHERINE UNDERWOOD
Township Clerk

TOWNSHIP OF BERLIN

MUNICIPAL BUILDING
135 Route 73 South
West Berlin, NJ 08091
Phone (856) 767-1854

BERLIN TOWNSHIP CODE

79-55 LICENSE FEE

At the time of filing the application for a license, a license fee of one hundred dollars (\$100.00) shall be paid for the initial license for the premises where the activity is to be conducted, together with a fee of twenty-five dollars (\$25.00) for each employee who is to be licensed. Thereafter, the annual renewal fee for the license and for each employee who is to be licensed shall be twenty-five dollars (\$25.00).

79-56 TERM OF LICENSE

Each license shall expire on December 31st of the year in which it is issued

79-57 APPLICATIONS

An application for license shall be in writing on forms established by the Township Clerk and shall state the full name and place of residence of the applicant, or if the applicant be a partnership, of each member thereof, or if a corporation or association, of each officer and stockholder thereof, together with the place or places where the business is to be conducted. For any corporation whose stock is publicly traded, the requirement for the information on each officer and stockholder may be satisfied by attaching to the application a copy of the most recent annual report of the corporation listing the officers and directors of the corporation along with a certification as to the total number of stockholders and the name and address of any stockholder holding more than 10% of the outstanding stock. The application shall include the fingerprints of each individual applicant or licensed employee, each member of a partnership, or each stockholder holding more than 10% of the outstanding stock in a corporate applicant.

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APPLICATION FOR MERCANTILE/BUSINESS LICENSE PRECIOUS METALS OR SEMI-PRECIOUS GEM

FEE: INITIAL APPLICATION \$100.00

RENEWAL FEE: \$25.00

PAYABLE TO THE "TOWNSHIP OF BERLIN"

NAME : _____

ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

BUSINESS PHONE: _____ HOURS OF OPERATION: _____

NAME OF OWNER IF DIFFERENT THAN APPLICANT: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

SSN: _____ PHONE NO.: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____ NUMBER OF EMPLOYEES: _____

LICENSE FEE PER EMPLOYEE = \$25.00

NAMES: _____

DATE AND STATUS OF LAST HEALTH INSPECTION: _____

DETAILED EXPLANATION OF OPERATION OR SERVICES PROVIDED:

SIGNATURE OF APPLICANT

DATE

APPROVED BY ENFORCING OFFICIAL

DATE