

TOWNSHIP OF BERLIN

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

APPLICATION FOR MERCANTILE/BUSINESS LICENSE

NEW APPLICATION FEE: \$150.00

YEARLY RENEWAL FEE: \$100.00

PAYABLE TO: "TOWNSHIP OF BERLIN"

LATE FEE: \$50.00

NAME AND ADDRESS OF BUSINESS: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

NEAREST CROSS STREET / NAME OF SHOPPING CENTER: _____

BUSINESS PHONE: _____ HOURS OF OPERATION: _____
BUSINESS WEBSITE: _____

NAME AND ADDRESS OF APPLICANT: _____

CONTACT PHONE: _____ E-MAIL: _____

IF AT THIS ADDRESS LESS THAN FIVE YEARS, LIST ALL ADDRESSES FOR LAST FIVE YEARS: _____

NAME OF OWNER IF DIFFERENT FROM APPLICANT: _____

BUSINESS IS A CORPORATION

NAME AND ADDRESS OF PRESIDENT: _____

NAME AND ADDRESS OF SECRETARY: _____

NAME AND ADDRESS OF REGISTERED AGENT: _____

BUSINESS IS A PARTNERSHIP

NAME AND ADDRESS OF ALL PARTNERS: _____

BUSINESS IS AN L.L.C.

NAME AND ADDRESS OF MANAGING MEMBERS: _____

NAME AND ADDRESS OF ALL OTHER MEMBERS: _____

HAS THE OWNER OR APPLICANT HAD A LICENSE TO CONDUCT THIS BUSINESS DENIED OR REVOKED? IF SO, STATE WHEN AND WHERE: _____

NO. OF EMPLOYEES: _____ ZONING DESIGNATION: _____

OCCUPANCY LOAD: _____ NO. OF EXITS: _____ NO. OF PARKING PLACES: _____

NO. OF CURB CUTS: _____ SIZE OF LOT: _____

LOCATED ON COUNTY/ STATE ROAD: _____

SET FORTH PRIOR USE OF BUILDING: _____

DATE OF LAST FIRE INSPECTION: _____ ARE SPRINKLERS REQUIRED: _____

DATE AND STATUS OF LAST HEALTH INSPECTION: _____

OUTSTANDING ZONING OR PLANNING VIOLATIONS: _____

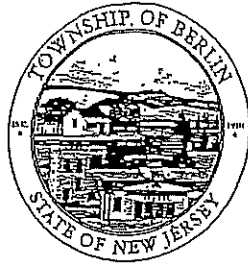
DETAILED EXPLANATION OF OPERATION OR SERVICES PROVIDED:

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND MAKES THESE STATEMENTS TO INDUCE THE TOWNSHIP OF BERLIN TO ISSUE THE REQUESTED LICENSE. THE UNDERSIGNED AGREES TO COMPLY WITH ALL LAWS AND ORDINANCES OF THE TOWNSHIP APPLICABLE TO THE OPERATION OF THIS BUSINESS:

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

APPROVED BY INSPECTION OFFICIALS: _____



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APPLICATION FOR BUSINESS CERTIFICATE OF OCCUPANCY

SECTION I

BLOCK: _____ LOT: _____

NAME OF BUSINESS: _____

ADDRESS: _____

BUSINESS NUMBER: _____

NAME OF OWNER: _____

OWNER'S ADDRESS: _____

OWNER TELEPHONE NUMBER: _____

SECTION II

VERIFICATION OF MERCANTILE LICENSE

(THIS IS APPLIED FOR IN THE CLERK'S OFFICE)

MERCANTILE LICENSE HAS BEEN APPLIED FOR? _____ YES _____ NO

(DATE)

(SIGNATURE OF TOWNSHIP CLERK)

SECTION III

(MAKE CHECK PAYABLE TO THE TOWNSHIP OF BERLIN)

CERTIFICATE OF OCCUPANCY (\$120.00)

CONTINUED CERTIFICATE OF OCCUPANCY (\$60.00)

DESCRIPTION OF PROPOSED USE: _____

LEASE

OWN

I HEREBY ATTEST, THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION
ON THIS APPLICATION IS TRUE.

SIGN: _____
OWNER AGENT

DATE: _____

TOWNSHIP OF
BERLIN

FIRE DISTRICT #1

186 Haddon Avenue
West Berlin, NJ 08091
Phone (856) 767-1839
Fax (856) 767-2248



PHYLLIS MAGAZZU
Mayor

JOSEPH CORNFORTH
Fire Marshal/Fire Official

FIRE DEPARTMENT REGISTRATION

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PHONE NO. OF BUSINESS: _____

OWNER OF BUSINESS: _____

OWNER'S ADDRESS: _____

PHONE NO. OF OWNER: _____

SQUARE FOOTAGE OF BUILDING: _____

NON-LIFE HAZARD REGISTRATION FEES COMMERCIAL OR INDUSTRIAL

USE GROUP BUILDINGS

Commercial or industrial use groups include all buildings not listed as life hazard by the New Jersey Division of Fire Safety.

BUILDING WITH OR WITHOUT ATTACHED DWELLING UNITS:

NOT TO EXCEED 1,000 SQUARE FEET.....	\$35.00
1,000 SQ. FT. NOT EXCEEDING 3,000 SQ. FT.....	\$58.00
3,000 SQ. FT. NOT EXCEEDING 9,000 SQ. FT.....	\$86.00
9,000-SQ. FT. NOT EXCEEDING 15,000 SQ. FT.....	\$144.00
15,000 SQ. FT. NOT EXCEEDING 50,000 SQ. FT.....	\$200.00
50,000 SQ. FT. NOT EXCEEDING 100,000 SQ. FT.....	\$260.00
100,000 SQ. FT. NOT EXCEEDING 200,000 SQ. FT.....	\$460.00
200,000 SQ. FT. NOT EXCEEDING 300,000 SQ. FT.....	\$690.00
FOR ADDITIONAL 100,000 SQ. FT. OR PART THEREOF.....	\$230.00

NOTE: Each floor or story shall be calculated as separate areas for building calculations. The "user" of the space must register and pay the registration fee. In buildings that have common areas, the owner is responsible to register and pay the registration fee. All registrations will be for a period of (1) year.

RESIDENTIAL BUILDINGS

Includes building with dwelling units not listed as life hazard by the NJ Division of Fire Safety, except one and two family owner occupied units.

UNIT SIZE:

ONE (1) TO THREE (3) UNITS.....	\$40.00
FOUR (4) TO TEN (10) UNITS.....	\$86.00

RETURN COMPLETED FORM AND CHECK MADE PAYABLE TO "FIRE DISTRICT #1" TO
135 ROUTE 73 SOUTH, WEST BERLIN, NJ 08091

**BERLIN TOWNSHIP POLICE DEPARTMENT
MERCANTILE LICENSE APPLICATION FORM**

ID # _____

Please Print Clearly

Name:									
Last			First				Middle		
Address:									
Street				City		State		Zip Code	
Number of Years at this Address:					Phone Number:				
					Circle One		Home	Cell	Other
Date of Birth:		/	/	Age	Race	Hgt.	Wt	Hair	Eyes
Birthplace:				SS #		- -		D/L	
Marks/Scars/Amputation:									
Other Names Used:									
Name of Business:									
Address:					Business Phone:				
Nature of Merchandise or Service:									
Name & Address of employer (if different from above):									
Name/Address/Phone Number of BUSINESS CHARACTER REFERENCES:									
1.									
2.									
3.									
Residence of Applicant for the last five years:									
							How Long		
							How Long		
ARREST(S) CONVICTION(S) FOR MISDEMEANOR, CRIMES, OR DISORDERLY CONDUCT? WHEN AND WHERE OFFENSE(S) OCCURRED:									
							Yes		No
Fingerprints of Applicant: <input type="checkbox"/> yes <input type="checkbox"/> no									
					Circle if printed		Photo of Applicant:		yes
					Circle if printed		Circle if printed		
DATE:					OFFICER:				
If the applicant is an employee or agent, he must attach to this application form, a letter from the firm or corporation for which the applicant purports to work, authorizing to act as agent or representative.									
<i>Please list the names and phone numbers of three people who can be contacted for an emergency at the business after hours.</i>									
Emergency #1									
Emergency #2									
Emergency #3									

Note: Fingerprinting **must be done within TEN DAYS** of Mercantile License application or before business can be opened.

BERLIN TOWNSHIP
POLICE DEPARTMENT
135 ROUTE 73 SOUTH
WEST BERLIN, NJ 08091

ALARM REGISTRATION

NOTICE DATED: _____

In accordance with the Ordinance Code 1999-7 of the Township of Berlin all alarms must be registered with the Police Department. If you have received this form after an alarm activation you must register your system within fourteen (14) days. Failure to do so may result in the discontinuation of police response.

PROPERTY INFORMATION

PROPERTY LOCATION: _____

PROPERTY OWNER: _____

ADDRESS OF PROPERTY OWNER (If different than above): _____

HOME PHONE: _____ CELL PHONE: _____

BUSINESS NAME: _____

ALARM INFORMATION

ALARM TYPE: AUDIBLE VISIBLE MONITORED LOCAL

NAME OF ALARM MONITORING COMPANY: _____

ADDRESS: _____ PHONE: _____

DIRECT DIAL ALARMS TO THE POLICE DEPARTMENT ARE PROHIBITED!!!

EMERGENCY RESPONDERS

There must be at least two people who are authorized to respond and open premises at any time.

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

Alarms installed after 5/16/1999 must have a timing device, which automatically shuts off the alarm within sixty (60) minutes after it is activated. Alarms installed prior to 5/16/1999 must either have a timing device or procedures in place whereby the alarm is manually or automatically shut off within sixty (60) minutes after it is activated.

OCCUPANT INFORMATION

Names of Each Occupant (if other than the property owner): _____

Pursuant to Berlin Township Code, I hereby indemnify and hold the Township harmless from and on account of any and all damages out of the activities of the registrant or its alarm contractor and arising out of the existence, operation, failure to operate, use or misuse of the alarm systems on the registered premises and arising out of the operation of failure to operate of the alarm console.

X _____
SIGNATURE OF PROPERTY OWNER

DATE

X _____
SIGNATURE OF OCCUPANT

DATE

X _____
SIGNATURE OF OCCUPANT

DATE