

Borough of Magnolia

438 West Evesham Avenue • Magnolia, New Jersey 08049

Phone: (856) 783-1520 Fax: (856) 782-0782

www.magnolia-nj.org

MERCANTILE LICENSE APPLICATION

Business Trade Name: _____

Address at which business will be operated: _____

Block & Lot of above address: Block _____ Lot _____

Property is Zoned (Commercial/Residential): _____

Description of business to be operated (be specific): _____

Operating Hours (operation includes deliveries, shipping, and other hours of operation, etc.): Sun _____ Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____ Sat _____

Total hours per week: _____

Property Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Proprietor Information (if different from Property Owner):

Name: _____

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Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Contact Name: _____ Title: _____

Phone #: _____ Fax #: _____

Emergency Contact Must Be Available to Respond Within 24 Hours

Emergency Contact: _____

Emergency Contact Phone #: _____

Proposed Business Location Information:

Phone #: _____ Fax #: _____

Email: _____

Manager: _____

Manager Emergency #: _____

Permit Information:

Will there be a sign(s) at the location? Yes _____ No _____

Has a sign permit been applied for? Yes _____ No _____

Has a U.C.C. Continuing Certificate of Occupancy been applied for?

Yes _____ No _____

Will there be any structural, electrical, mechanical, plumbing, or other renovation, alterations or improvements made at the location?

Yes _____ No _____

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If yes, has a building/fire/electrical permit been applied for?

Yes _____ No _____

Previous Use of Building? _____

Who should we contact in matters related to this application (inspections, hearings, etc.)?

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Affidavit:

Proof of false information on this application will revoke the license immediately. By signing this application, the applicant attests that they have made themselves aware of all codes, statutes, and restrictions applicable to the operation of the above-named business and agrees to comply with the same. Approval of this application for the issuance of a business license DOES NOT relieve the applicant of the responsibility to obtain all other approvals, license, and permits necessary to operate.

Signature of Proprietor of Business: _____

Date of Signature: _____

****ATTACH PHOTOCOPY OF CURRENT NJ BUSINESS REGISTRATION CERTIFICATE****

Businesses in Magnolia must renew their Mercantile License annually by December 31st

The annual renewal fee is \$50.00

A \$25.00 late fee will be applied if not paid on time

Application will not be processed if incomplete

Applicant will be required to present application at a Council Meeting once approved by the Municipal Clerk

Please Include A Self-Addressed Stamped Envelope

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FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Municipal Clerk:

Application forwarded to applicable officials on the following date: _____

Signature: _____ Date Approved: _____

Tax Collector:

All financial obligations to the borough are current including but not limited to taxes, sewer rent, liens, etc.: Approved _____ Denied _____

Signature: _____ Date Approved: _____

Zoning Officer/Construction Official:

Approved: _____ Approved with Conditions: _____ Denied: _____

C.C.O. Inspection Performed:

Yes _____ No _____ Date of Report: _____

Signature: _____ Date Approved: _____

Code Enforcement Officer:

Approved: _____ Approved with Conditions: _____ Denied: _____

Inspection Performed:

Yes _____ No _____ Date of Report: _____

Referred to Camden Board of Health:

Yes _____ No _____ Unnecessary: _____

Signature: _____ Date Approved: _____

Police Department:

Signature: _____ Date Approved: _____
