



Borough of Magnolia

438 West Evesham Avenue • Magnolia, New Jersey 08049

Borough Hall: (856) 783-1520 Fax: (856) 782-0782

www.magnolia-nj.org

MERCANTILE LICENSE RENEWAL APPLICATION

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 renewed by December 31st.

Please fill out this form and return it to:

Borough of Magnolia

Attn: Municipal Clerk

438 W Evesham Ave

Magnolia, NJ 08049

All businesses in New Jersey must now provide a Certificate of Insurance to be placed on file annually, but no later than January 1st, demonstrating compliance with NJSA 40A:10A-1.

Please include a Certificate of Insurance with your Mercantile Renewal Application, along with a **\$25 Insurance Registration Fee.**

*The Mercantile Renewal fee (\$50.00) and Insurance Registration fee (\$25.00) may be combined into one check in the total amount of \$75.00.

In order to renew your license, your property taxes and sewer accounts must be up to date

Business Owner/Contact: _____

Name of Business: _____

Physical Location of Business: _____

Mailing Address for Business: _____

Block: _____

Lot: _____

Business Phone: _____ Email: _____

Operating Hours (operation includes deliveries, shipping, and other hours of operation, etc.):

Sun _____ Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____ Sat _____

Total hours per week: _____

Owner of the Property: _____

Property Owner Address: _____

Property Owner Phone: _____ Email: _____

APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE AND/OR ILLEGIBLE



Borough of Magnolia

438 West Evesham Avenue • Magnolia, New Jersey 08049

Borough Hall: (856) 783-1520 Fax: (856) 782-0782

www.magnolia-nj.org

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

Please Include A Self-Addressed Stamped Envelope

Emergency Contact Must Be Available to Respond Within 24 Hours

Emergency Contact Name: _____

Emergency Contact Phone: _____

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: _____
