

Mercantile License Application

Please return completed form along with your check or money order payable to:
Marlboro Township 1979 Township Drive, Marlboro, New Jersey 07746

(If New Business, please fill out reverse side)

License Fee: _____ New Renewal Block: _____ Lot: _____

Business Trading Name: _____

Business Address: _____

Business Tel #: _____ Emergency Phone #: _____ E-Mail Address: _____

Mailing Address If Other Than Business Address: _____

Business Owner: _____

Owner Address: _____

Daytime Phone #: _____ Emergency Phone #: _____

Nature of Business (Description of Product) _____

Trucks or Commercial Vehicles
Stored on Site: yes no Are Vehicles Stored Overnight: yes no
If Yes, How Many _____

Customers/Sales People Come To Your Residence: yes no If Yes, Parking Spaces Provided _____

Deliveries yes no If Yes, Amount Per Week _____

Applicant Name
(please print)

Applicant's Signature

Date

Zoning Officer

Date

Approved:

Denied

This use is **not** in compliance with the Ordinance of Marlboro Township. This application is not approved.

For New Business Only

Square Footage of Space: _____ Number of Employees: _____ Any License Required: Yes No

Hours of Operation: _____ Has a License to Conduct This Business Ever Been Denied/Revoked: Yes No

Warehouse Use: Yes No Office Use: Yes No

Are There Trucks or Commercial Vehicles: Yes No If Yes, Are They Stored Overnight: Yes No

If Yes, How Many: _____

Do Any Buyers/ Sales People Come To Your Home: Yes No If Yes, Are Parking Spaces Provided: Yes No

Any Deliveries: Yes No If Yes, How Many Per Week: _____ If Construction, How is Garbage & Debris Disposed of: _____

Detailed Description of Business:

This Application is Approved:

This Application is Denied:

Zoning Officer

Date

Zoning Officer

Date

Marlboro Township - Fire Prevention Bureau

1979 Township Drive - Marlboro, New Jersey 07746

732) 536-0200 Ext. 1254 Fax: 732) 536-9799

Non-Life Hazard Use Registration

Business Trading Name: _____

(Tenant)

Township Address: _____

_____ Email: _____

Mailing Address if Other Than Township Address: _____

Business Telephone #: _____ Emergency Phone #: _____



Building Ownership: _____

Building Owner Address: _____

Building Ownership Phone #: _____ Emergency Phone #: _____



Business Ownership: _____

Ownership Address: _____

Own Daytime Phone #: _____ Emergency Phone #: _____

Contact Name: _____ Phone #: _____ Email: _____



If you have a separate/different business manager, please fill out below:

Business Manager: _____

Address: _____ Phone #: _____ Email: _____



Business Use: _____ Business Sq. Footage _____ Fee: \$ _____

Applicant's Signature: _____