

City of Burlington
525 High Street
Burlington, NJ 08016
Municipal Clerk's Office
(609) 386-0200 x 102

Procedure for obtaining a Mercantile License

Complete this application and return each Section to the Municipal Clerk's Office, along with the appropriate fee which can be paid by check or cash. If you choose to pay by check, make the check(s) payable to the City of Burlington. These fees are non-refundable.

Section I: Zoning (Pg. 1)

Complete and return to the Municipal Clerk's Office, along with the **non-refundable \$25.00 zoning permit fee**, to confirm that your business is properly zoned. If you are not approved by our zoning official, you cannot move forward with your mercantile license. [Use electronic form.](#)

Section II: Application (Pgs. 2 & 3)

Complete and return to the Municipal Clerk's Office, along with the **non-refundable \$50.00 mercantile fee** *after* you have received approval from the zoning department. This section will require the applicant's as well as the Business Owner's information, and signature. Information from this section will be used to provide the necessary information for a fire inspection. The fee for any associated, additional inspection is based on an annual and bi-annual registration/inspection by the Fire Prevention Bureau.

Section III: Technical (Construction Jacket)

Complete and return to the Municipal Clerk *or* Construction Office, along with the **non-refundable \$406.00 construction inspection fee** *after* you have received approval from the zoning department, but along with your application (Section II) to prevent delays in processing. This section will require property information, proposed description of work for building subcode, electrical subcode, plumbing subcode, and fire protection subcode. Once we receive and review the jacket it is then turned over to the construction office and they review the contents before scheduling your business for inspection.

All fees and provided information are used for investigation and inspection. Note: Any Certificate of Inspection only allows the occupant to go into the store to prepare for a potential opening. **THIS DOES NOT MEAN YOU ARE OPEN FOR BUSINESS.**

Section IV: Official Use (Internal Approvals)

The final page of the application packet is a signature page to be completed by the various City Departments upon approval. Submissions are as follows:

1. **Tax Office** – verification that taxes, water & sewer are current on the property. If there are delinquencies the applicant will be contacted by the Municipal Clerk's Office with amounts due, and the application process will pause until payment, in full, has been made.
2. **Police Department** – all applicants will receive a background check.
3. **Construction** – inspections will be scheduled with each subcode official (building/electrical, plumbing, and fire) after receipt of the construction jacket.
4. **Health** - inspections for all food-related business must be scheduled by the applicant. The

applicant must contact the Burlington County Board of Health at (609) 265-5515 for an inspection. Once the certificate of satisfactory completion is secure, a copy must then be supplied to the Municipal Clerk's Office to ghodgson@burlingtonnj.us, **and** the City's Health Department official, Brenda Marks bmarks@burlingtonnj.us.

Please Note:

If your building is located in the City's Historic District and you or your landlord plan to do any exterior renovations such as painting, signs, facade work, etc., please contact Lisa Schiller, Secretary to the Historic Preservation Commission at (609) 386-0754. Also, note that new businesses in the City's Historic District may require approval from the Land Use Board.

Issuance of License:

Once your application is approved and your Mercantile License is granted, the applicant must pick up the application from City Hall (525 High Street, Burlington, NJ 08016). Upon receipt, your Mercantile License **must be prominently displayed** for all to see, along with the other licenses (Board of Health/County Health License, Fire Prevention Bureau).

You will receive a call from the Office of the Municipal Clerk when it is ready to be picked up.

Mercantile License Application

License No. _____

The following information is mandatory to obtain a Mercantile License and Commercial Certificate of Occupancy.

Name Of Applicant(s): 1. _____ 2. _____

Applicant Birthdate: 1. _____ 2. _____

Social Security #: 1. _____ 2. _____

Home Address: 1. _____
2. _____

Home Phone # : 1. _____ 2. _____

Email Address #: 1. _____ 2. _____

Proposed Business Address: _____ Block _____ Lot _____

Phone # Of Proposed Business: _____

Trade Name For Proposed Business: _____

Nature Of Proposed Business: _____

Property Owned By: _____

Applicant(s) Previous Home Addresses - List your home address for the past 10 years:

- 1. _____
- 2. _____
- 3. _____
- 1. _____
- 2. _____
- 3. _____

Employment - List employment for the past 10 years (include names, addresses, phone numbers):

- 1. _____
- 2. _____
- 3. _____
- 1. _____
- 2. _____
- 3. _____

Criminal Record - Have you ever been arrested for anything?: 1. YES / NO 2. YES / NO

If yes, explain: _____

References - List Three (names, addresses, phone numbers):

- 1. _____
- 2. _____
- 3. _____
- 1. _____
- 2. _____
- 3. _____

Signature of Business Owner: 1. _____ 2. _____

Signature of Property Owner: _____

Mercantile License Application
License No. _____

NON-LIFE HAZARD USE REGISTRATION FORM
(Registrant Information)

Business Ownership (Mark the correct box)

___ Corporation ___ Private/Individual ___ Partnership ___ Condominium
___ LLC Corp ___ Government Agency

If Private/Individual Owned provide:

Last Name: _____ First Name: _____ Middle Initial: _____

If other, give Ownership **Full Legal Name** including Corporation, Incorporated, Partnership, T/A, etc.

Business Owner's Mailing Address:

Address: _____ City, State: _____ Zip Code: _____

Business Address:

Address: _____ City, State: _____ Zip Code: _____

Phone #: _____ Email: _____

BUSINESS LOCATION INFORMATION

Building or Business Name:

Building Location:

Suite/Room Number: _____ Municipality: _____ County: _____

Phone: _____ Email: _____

Building Height: _____ Stories: _____ Square footage: _____

BOCA use Group: _____ Occupant Load: _____

Brief Description of Business: _____

FOR DIVISION USE ONLY

Inspector's Name: _____ Date of Inspection: _____

Certification Number: A00 _____ LEA: _____

Registration Number: _____

Mercantile License Application
License No. _____

FOR INTERNAL OFFICE USE ONLY
(Required Inspections)

A. PROPERTY TAX, WATER, SEWER & ASSESSMENTS MUST BE CURRENT:

REMARKS: _____

Signature of Tax Collector: _____ DATE _____

Approved: _____ Denied: _____

B. POLICE INVESTIGATIONS:

REMARKS: _____

Signature of Chief of Police: _____ DATE _____

Approved: _____ Denied: _____

D. CONSTRUCTION OFFICIAL:

REMARKS: _____

Signature of Construction Official: _____ DATE _____

Approved: _____ Denied: _____

E. HEALTH INSPECTOR: (If necessary)

REMARKS: _____

Signature of Inspector: _____ DATE _____

Approved: _____ Denied: _____

Mercantile License Application
License No. _____

FOR INTERNAL OFFICE USE ONLY
(Required Payments)

A. Zoning (Fire) - \$25.00

Fee/Amt Pd. \$ _____ Cash/Ck # _____ Rec'd by _____ Date _____

B. Mercantile (Municipal Clerk) - \$50.00

Fee/Amt Pd. \$ _____ Cash/Ck # _____ Rec'd by _____ Date _____

C. Construction - \$406.00

Fee/Amt Pd. \$ _____ Cash/Ck # _____ Rec'd by _____ Date _____