



## FINGERPRINTING

Thank you for applying for a license with the City of Burlington.

Attached you will find a copy of the application; however, prior to submission, please note that each person included on this application **must be fingerprinted**. To ensure that your request is processed in a timely fashion, we ask that you submit your application at least 30 days prior to the requested issue date.

Instructions for fingerprinting:

1. Visit: <https://uenroll.identogo.com/>
2. Enter service code: 2F1HSX
3. Click 'Schedule or Manage an Appointment'
4. Enter your information
5. Enter ORI #: NJ0030500
6. Click 'Search'
7. Select: BURLINGTON CITY POLICE DEPARTMENT
8. Enter Contributor Case #: APPLICANT
9. Complete the remaining prompts
10. Submit a copy of your Service Confirmation email with your application to the City – see sample below and note that without this your application will be delayed

IdentoGO Service Confirmation - 2F1HSX- VOLUNTEER-VOX-State Only

 nobody@uemail.identogo.com  
To: Gabrielle Hodgson

[Reply](#) [Reply All](#) [Forward](#) [...](#)  
Tue 10/29/2024 12:40 PM

### IdentoGO

#### Service Details:

Customer:	TEST M DUMMY
UE ID:	UZNJ-SRYNNR
Service:	2F1HSX - VOLUNTEER-VOX-State Only
Estimated Amount Due:	\$33.73
Appointment Time:	11/6/2024 @ 08:40 AM (EST)
Appointment Location:	IdentoGO 57 Haddonfield Rd Colwick Business Center Ste 110 Cherry Hill, NJ 08002-4813

We accept the following methods of payment: Authorization Code, Business Check, Money Order, Credit Card  
*Personal checks and cash will not be accepted*

#### IMPORTANT!

YOU WILL BE REQUIRED TO BRING THE FOLLOWING DOCUMENTS TO YOUR ENROLLMENT. Legal Name must match exactly on all identification documents brought to enrollment.

1. Driver's License PERMIT issued by a State or outlying possession of the U.S.

All ID Documents must be the originals. Copies will not be accepted.

#### Status as of 10/29/24

Pre-Enrolled  
You have successfully pre-enrolled.

Please provide 24 hours' notice when cancelling / rescheduling an appointment.  
[Click here to check your status or manage your appointment](#)

This message is only for the use of the intended recipient and may contain information that is CONFIDENTIAL and PROPRIETARY to IDEMA USA, Inc. If you are not the intended recipient, please erase all copies of the message and its attachments and notify the sender immediately.

**City of Burlington**  
525 High Street  
Burlington, NJ 08016  
Office of the Municipal Clerk  
[ghodgson@burlingtonNJ.us](mailto:ghodgson@burlingtonNJ.us) or (609) 386-0200 x102

### **MERCANTILE LICENSE APPLICATION**

You must submit your zoning application (included in this packet) to the Zoning Office via email: [Pennoni@burlingtonNJ.us](mailto:Pennoni@burlingtonNJ.us). If you have not received zoning approval, this application will be denied.

Applications **will not** be considered unless submitted thirty (30) days in advance of the requested issue date.

After you receive zoning approval, complete and return Form M-1 and the Fire Safety Use Registration to the Municipal Clerk's Office with a **valid photo ID** along with the **non-refundable application fee**, paid by cash, check or money order, payable to: **City of Burlington**.

Upon receipt, the Municipal Clerk's Office will secure departmental approval as follows:

- **Zoning Department:** Confirmation of zoning approval received.
- **Tax Office:** Verification that the taxes, water & sewer are current on the property. If there are delinquencies, the property owner and/or applicant will be contacted by the with amounts due, and the application will pause until payment is made in full.
- **Police Department:** Applicants will receive a background check.
- **Construction Office:** Inspections will be scheduled (building/electrical, plumbing). Additional fees may apply.
- **Fire Prevention Bureau:** Confirmation of completed application received.
- **Health Department:** Inspections for all food-related businesses must be scheduled by the applicant by contacting the Burlington County Board of Health at (609) 265-5515. Once the Certificate of Satisfactory Completion is secure, a copy must then be supplied to the Municipal Clerk's Office **and** the City's Health Registrar, Brenda Marks, at [bmarks@burlingtonNJ.us](mailto:bmarks@burlingtonNJ.us) or 609-386-0200 x 137. Additional fees may apply.

**Historic District:** Properties located in the City's Historic District with plans for any exterior renovations such as signage, painting, facade work, etc., please contact Lisa Schiller, Historic Preservation Commission Secretary, at [lschiller@burlingtonNJ.us](mailto:lschiller@burlingtonNJ.us) or (609) 386-0754.

**Issuance and Display of License:** Once the license is approved and the Mercantile is granted, the license must be prominently displayed, along with, if applicable, the Fire Prevention Certificate of Inspection and City & County Health certificates.

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



CITY OF BURLINGTON  
525 HIGH STREET  
BURLINGTON, NJ 08016  
609-386-0200 x130

**APPLICATION FOR ZONING PERMIT**  
**(Fences, Sheds, Gazebos, Pools, Driveways, Sidewalks, Decks, Porches,**  
**All Construction Permits and Property Use Changes)**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Address for Permit: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_

**A Property Survey or Drawing to Scale must be submitted with this application for ANY EXTERIOR improvements. Dimensions of any current or proposed improvements shall be written on the survey, including setbacks/distances from property lines.**

Prior Land Use Board or Variance? Approval Date: \_\_\_\_\_ Resolution #: \_\_\_\_\_

**CIRCLE ONE: \*\* I am the *Property Owner, Contractor, Tenant, Other* making this application. I hereby certify that the owner of record authorized the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction. I accept all responsibility for Setbacks, Final Grading and Drainage Issues.**

Applicant Signature: \_\_\_\_\_

Applicant E-Mail: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

**Fee Schedule:**

\$25.00: Fences, Sheds, Gazebos, Pools, Decks, Porches, Construction Permits and Property Use Changes

\$50.00: Driveways, Sidewalks

**For City Official Use Only:**

**APPROVED**

**DENIED**

**Approval of this application is for Zoning Requirements only.**

**Further approvals are needed from the following:**

Construction Department (May require a number of other approvals. Their office will contact you)

Historic Preservation (Contact Lisa Schiller at [lschiller@burlingtonnj.us](mailto:lschiller@burlingtonnj.us) or 609-386-0754)

Zoning permit fee of \$ \_\_\_\_\_ has been paid.  Cash  Check # \_\_\_\_\_ Credit Card

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**PLEASE MAIL OR EMAIL THIS FORM TO PENNONI@BURLINGTONNJ.US**

Mercantile Application  
License No. \_\_\_\_\_

Date Received: \_\_\_\_\_

**BUSINESS INFORMATION**

**Business Name:** \_\_\_\_\_

**Proposed Business Address:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_

**Description of Proposed Activity/Nature of Business:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

Signature of Business Owner(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_

Mercantile Application  
License No. \_\_\_\_\_

Date Received: \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Applicant Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Criminal Record - Have you ever been arrested for anything? (circle one): YES / NO

If yes, explain: \_\_\_\_\_

**Previous Home Addresses – past 10 years:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment - past 10 years (names, addresses, phone numbers):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**References - list three (names, addresses, phone numbers):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**COMPLETE BELOW FOR SECONDARY APPLICANTS**

Name of Secondary Applicant: \_\_\_\_\_

Applicant Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Criminal Record - Have you ever been arrested for anything? (circle one): YES / NO

If yes, explain: \_\_\_\_\_

**Previous Home Addresses for the past 10 years:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment - past 10 years (names, addresses, phone numbers):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**References - list three (names, addresses, phone numbers):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



CITY OF BURLINGTON FIRE PREVENTION BUREAU

*FIRE SAFETY USE REGISTRATION FORM*

DATE: \_\_\_\_\_

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED.

ALTERNATIVELY, YOU MAY SCAN THE QR CODE HERE:



PLEASE CHECK ONE:

NEW TENANT

CHANGE OF OWNERSHIP

RENOVATIONS OF EXISTING TENANT

UPDATE OF INFORMATON

1. NAME OF BUSINESS: \_\_\_\_\_

PHYSICAL STREET ADDRESS: \_\_\_\_\_ BURLINGTON, NJ

FEIN # \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON EMAIL: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

SQUARE FOOTAGE OF BUSINESS (REQUIRED): \_\_\_\_\_

IF THIS IS AN EXPANSION OF AN EXISTING BUSINESS AT THIS LOCATION, WHAT IS THE TOTAL  
NEW SQUARE FOOTAGE? \_\_\_\_\_

OCCUPANCY LOAD: \_\_\_\_\_ IS ALCOHOL SERVED? \_\_\_\_\_

2. OWNER OF BUSINESS: \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

TYPE OF OWNERSHIP (LLC, LLP, Corp., Non-Profit, etc.) \_\_\_\_\_

OWNER PHONE #: \_\_\_\_\_

OWNER EMAIL: \_\_\_\_\_

3. **PREVIOUS TENANT (if applicable):** \_\_\_\_\_

**4. IF BUSINESS IS A CORPORATION:**

PRESIDENT: \_\_\_\_\_

CORPORATE HEADQUARTERS ADDRESS : \_\_\_\_\_

\_\_\_\_\_

CORPORATE TELEPHONE #: \_\_\_\_\_

**5. LANDLORD/OWNER OF BUILDING:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**6. FACILITIES MANAGER / RESPONSIBLE PARTY FOR THIS BUSINESS, IF DIFF THAN #1**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**7. BILLING/BUSINESS MAILING ADDRESS, IF DIFFERENT THAN #1**

BILLING NAME: \_\_\_\_\_

BILLING ADDRESS, CITY, STATE: \_\_\_\_\_

\_\_\_\_\_

BILLING PHONE: \_\_\_\_\_

**8. LIST UP TO TWO 24/7 EMERGENCY CONTACT PERSONS (KEPT CONFIDENTIAL)**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**9. DESCRIBE BRIEFLY ANY FLAMMABLE, COMBUSTIBLE LIQUIDS OR HAZARDOUS MATERIALS AND CHEMICALS HANDLED OR STORED:**

\_\_\_\_\_

**I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.**

SIGNATURE OF OWNER OR REPRESENTATIVE: \_\_\_\_\_

PRINTED NAME OF OWNER OR REPRESENTATIVE: \_\_\_\_\_

Mercantile Application  
License No. \_\_\_\_\_

Date Received: \_\_\_\_\_

**FOR INTERNAL OFFICE USE ONLY**  
(Required Approvals)

**A. MERCANTILE LICENSE APPLICATION COMPLETION & FEE:**

Fee/Amt. Pd. \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_

Signature of Municipal/Deputy Clerk: \_\_\_\_\_ DATE \_\_\_\_\_

**B. ZONING:**  Approved  Denied

REMARKS: \_\_\_\_\_

Zoning Official Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**C. PROPERTY TAX, WATER & SEWER:**  Approved  Denied

REMARKS: \_\_\_\_\_

Tax Collector Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**D. POLICE INVESTIGATION:**  Approved  Denied

REMARKS: \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**E. CONSTRUCTION INSPECTION:**  Approved  Denied

REMARKS: \_\_\_\_\_

Construction Official Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**F. FIRE PREVENTION REGISTRATION:**  Approved  Denied

REMARKS: \_\_\_\_\_

Fire Marshall Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**G. HEALTH INSPECTION** (If applicable):  Approved  Denied

REMARKS: \_\_\_\_\_

Health Registrar Signature: \_\_\_\_\_ DATE \_\_\_\_\_