

Date:

2019

Button #

City of Woodbury

Date  
Appr'd

City Clerk's Office



# [MERCANTILE LICENSE] [APPLICATION]

Thank you for choosing Woodbury for your business! Once you have completed the application please submit it the City' Clerk's office with the fee and required documentation. Licenses are subject to rules and regulations as outlined in Chapter 125 of the Code of the City of Woodbury.

## Applicant Information

Name of applicant \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

List any other addresses you have resided within the past 5 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, State \_\_\_\_\_ Year \_\_\_\_\_

Have you ever had a business license in another location denied or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

**Business Partner information**

Name of Partner \_\_\_\_\_

Partner Phone Number \_\_\_\_\_

Partner Address \_\_\_\_\_

\_\_\_\_\_

Has he or she ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_ If yes, State \_\_\_\_ Year \_\_\_\_

Have you ever had a business license in another location denied or revoked? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_

**Second Business Partner information**

Name of Partner \_\_\_\_\_

Partner Phone Number \_\_\_\_\_

Partner Address \_\_\_\_\_

\_\_\_\_\_

Has he or she ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_ If yes, State \_\_\_\_ Year \_\_\_\_

Have you ever had a business license in another location denied or revoked? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_

## Business Information

Business Name \_\_\_\_\_

Trade Name \_\_\_\_\_

Location of Business \_\_\_\_\_

\_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Is the property owned or rented? Owned \_\_\_\_\_ Rented \_\_\_\_\_

If Rented, please provide owners name address and phone number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business Tax ID Number \_\_\_\_\_

Is this Business a Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name and address of the corporation \_\_\_\_\_

\_\_\_\_\_

Specific Nature of the Business \_\_\_\_\_

Will there be on-site storage of volatile, explosive, or hazardous materials? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

Will food or alcohol be sold? Yes \_\_\_\_\_ No \_\_\_\_\_

Approximate number of employees \_\_\_\_\_

Days and Hours of Operation:

- |   |   |
|---|---|
| <input type="checkbox"/> Mon _____ am/pm to _____ am/pm   | <input type="checkbox"/> Sat _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Tues _____ am/pm to _____ am/pm  | <input type="checkbox"/> Sun _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Wed _____ am/pm to _____ am/pm   |   |
| <input type="checkbox"/> Thurs _____ am/pm to _____ am/pm |   |
| <input type="checkbox"/> Fri _____ am/pm to _____ am/pm   |   |

## Information to be submitted

- Federal / State Tax Certificate
- State of New Jersey Business Registration
- Identification (Valid Driver's License)
- Fire Inspection
- Zoning Inspection
- Sketch of property with descriptions of staff and customer parking

## Special Permits if Applicable

- Gloucester County Board of Health Certificate
- State Board of Health Certificate
- State Tattoo License Certificates
- Stylist Licensing Certificates (Hair Stylists)
- Any other specialized certificate or license related to your type of business

## License Term, Fees and Other Information

### Term:

Licenses have a term of one year beginning January 1<sup>st</sup> and expiring December 31<sup>st</sup>.

### Renewal:

Licenses are due for renewal to the City Clerk's Office no later than February 15<sup>th</sup> of each year. Failure to license by this date will result in a late fee.

### Fee:

\$40.00 – Initial Fee

\$40.00 – Renewal Fee

A **late fee of \$30.00** is added to all license renewals received after February 15<sup>th</sup>

Payments may be made via cash, check, certified check, or money order.

Checks and Money Orders should be made payable to "**The City of Woodbury**"

**Change in Location**

You must notify the City Clerk within 10 days of your businesses change of location.

**Revocation and Other Information**

*(a)* Issuance of licenses and permits – No business or other activity, license or permit issued by or requiring the approval of the City of Woodbury or any of its city agencies shall be issued or renewed if there are any delinquent taxes or assessments due on the property on which such business or activity is to be conducted and the applicant has a property interest in such property.

*(b)* Revocation or suspension of license or permit – The City Clerk shall have the right to revoke any license whenever the holder thereof or any of the licenses, agents or servants violate any provision of Chapter 125, the laws of the State of New Jersey or any rules or regulations promulgated as herein provided. After written notice of the revocation has been served upon the licensee, an appeal may be filed to the City Council within 10 days of service of said notice. The City Council shall thereon conduct a hearing of the matter within 30 days after receipt of the notice of appeal and shall render a decision within 15 days of such hearing. The governing body may also revoke or suspend a license or permit issued by or requiring the approval of the City of Woodbury or any of its city agencies when the licensee who has an ownership interest in the property upon which the licensed business or activity is conducted has failed to pay the taxes due on the property for at least three consecutive quarters. Upon payment of the delinquent taxes or assessments, the license or permit shall be restored, provided that all other conditions for issuance of the license or permit have been satisfied.

*(c)* Exception – The provisions of this article shall not apply to or include any alcoholic beverage license or permit issued pursuant to the Alcoholic Beverage Law, N.J.S.A. 33:1-1 et seq.

Certification

I \_\_\_\_\_ do hereby certify that all of the information in this application is true and correct.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk Signature

\_\_\_\_\_  
Date

SEAL