

Borough of Sayreville
Department of Code Enforcement

Mercantile License Application

PROCEDURE

- ✎ To begin the process, receive verbal approval by the Zoning Officer- Andrew Mashanski - 732-390-7004
- ✎ Complete & return application to this office with the \$150 Application Fee(NON-REFUNDABLE)
- ✎ Also complete & return application for Commercial Rental/Resale Compliance Certificate – inspection date will be given
- 📄 A copy of the application will be forwarded to the following departments for review:
 - 👓 Tax Collector 390-7040
 - 👓 Fire Inspector 390-7009
 - 👓 Construction Official 390-7077
 - 👓 Health Department 390-7012
 - 👓 Police Department 525-5463
 - 👓 Recycling Coordinator 390-7008
- 👉 This office must receive a report from each of the above departments stating that said business is in compliance with the Borough of Sayreville Ordinance and all applicable codes.
- ✳ License will then be issued

*BOROUGH OF SAYREVILLE
OFFICE OF CODE ENFORCEMENT
49 DOLAN STREET
SAYREVILLE, NJ 08872
(732) 390-7077*

MERCANTILE LICENSE APPLICATION

In accordance with Revised General Ordinance 8.2 –Mercantile License Requirements
(Fee Ordinance #69-08)

Please answer all questions, if not applicable write n/a.
Person submitting this application to the Office of Code Enforcement
must supply photo identification with the application.

FEES: NEW LICENSE	\$150.00	DATE FILED:	_____
RELOCATION	\$ 75.00		
RENEWAL	\$ 50.00	Before December 31st	
LATE FEES	\$ 25.00	30 Days Late	
	\$ 50.00	60 Days Late	
	\$ 75.00	90 Days Late	

(Additional sheets may be attached, if needed for full response to any of the following questions)

CONTACT INFORMATION

TENANT INFORMATION:

NAME OF TENANT (BUSINESS NAME): _____
(Name that will be used on signs, stationary, etc.)

NAME OF BUSINESS, IF DIFFERENT FROM TRADE NAME OR THE NAME UNDER WHICH THE
BUSINESS IS TO BE CONDUCTED: _____

ADDRESS OF BUSINESS: _____
(Street & number, suite # if applicable)

BUSINESS PHONE # _____ HOME PHONE # _____

TENANT CONTACT PERSON: _____

TENANT PHONE #: _____ FAX # _____

EMAIL ADDRESS: _____

EMERGENCY CONTACTS (AT LEAST 2):

NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____

PROPERTY OWNER INFORMATION:

OWNER OF PROPERTY: _____
ADDRESS: _____
Phone #: _____

BUSINESS INFORMATION

BLOCK: _____ LOT: _____ ZONE: _____

EXISTING OR PREVIOUS USE: _____

SQUARE FOOTAGE OF PROPOSED TENANT SPACE: _____

TYPE OF BUSINESS

- | | |
|---|---|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> INDICATE IF NON-PROFIT |
| <input type="checkbox"/> PARTNERSHIP – State of Incorporation _____ | <input type="checkbox"/> OTHER EXPLAIN: _____ |
| <input type="checkbox"/> CORPORATION – State of Corporation _____ | |

IF CORPORATION, PRINT NAME, ADDRESS & HOME PHONE NUMBER OF PRESIDENT:

DESCRIBE THE SCOPE AND PURPOSE OF THE PROPOSED ACTIVITY, THE NATURE OF OPERATION, ITS PROCESSES AND ACCESS TO THE PUBLIC:

DESCRIBE MATERIALS (OTHER THAN HAZARDOUS) TO BE UTILIZED OR STORED ON SITE. SPECIFY QUANTITIES TO BE STORED OR HANDLED OVER DIFFERENT PERIODS (WEEKLY, MONTHLY, OR YEARLY). DESCRIBE METHOD OF HANDLING THESE MATERIALS.

WHAT, IF ANY, ITEMS WILL BE PLACED ON THE GROUNDS OF THE PREMISES, SUCH AS TRAILERS, TEMPORARY STRUCTURES, LIGHTING, FENCES, GOODS FOR SALE OR SIMILAR ITEMS?

ANY TRUCKS OR COMMERCIAL VEHICLES: _____

ARE VEHICLES STORED OVERNIGHT? _____ IF SO, WHERE? _____

NUMBER OF EMPLOYEES (PER SHIFT): _____

DAYS OF WEEK & HOURS OF OPERATION: _____

ARE DELIVERIES MADE TO PREMISE? _____ HOW MANY PER WEEK? _____

IF CONSTRUCTION – HOW IS GARBAGE & DEBRIS DISPOSED OF? _____

IDENTIFY ANY HAZARDOUS MATERIALS TO BE PROCESSED, STORED, SOLD, OR DISPOSED ON SITE: _____

MSDS MUST BE PROVIDED. INCLUDE IN THE DESCRIPTION:

- a. maximum amounts on hand at any one time
- b. quantities to be stored or delivered to the site on a weekly, monthly and yearly basis
- c. method of delivery and storage (types of containers and locations)
- d. built-in spill and leak containment features
- e. built-in fire protection features
- f. emergency action plan for fire, explosion, spill, or leak
- g. description of worst case scenario
- h. special fire fighting or spill containment equipment and training needed

DESCRIBE TYPE AND QUANTITY OF BOTH LIQUID AND SOLID HAZARDOUS WASTE. IDENTIFY THE LICENSED WASTE HAULER AND ULTIMATE DISPOSAL SITE FOR ALL HAZARDOUS WASTES.

IF YOU ARE DISPOSING OF GARBAGE & DEBRIS YOURSELF, WHERE ARE YOU TAKING IT:

WILL ANY SIGNS BE REFACED OR MADE NEW AT THIS LOCATION FOR THE BUSINESS LISTED?

Yes _____ No _____

If yes, please submit required paperwork and fees through the Zoning and/or Construction Dept.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR THE VIOLATION OF ANY BOROUGH ORDINANCE OTHER THAN TRAFFIC OFFENSES AND, IF SO, THE DATE AND PLACE OF CONVICTION, NATURE OF THE OFFENSE AND PUNISHMENT OR PENALTY IMPOSED:

NOTE: The applicant makes the above statements to induce the Borough to issue the license herein applied for and the applicant agrees to comply with all laws and ordinances of the Borough applicable to the subject matter hereof. The applicant is required to answer all questions completely and truthfully. If you have any questions about the disclosure of any information, please contact your attorney.

Tenant's Signature

Property/Building Owner's Signature

Print Name

Print Name

Date

Date

OFFICE USE ONLY

FOR ZONING OFFICER:

This use is / is not in compliance with chapter XXVIII (Zoning) of the Revised General Ordinances of the Borough of Sayreville as to use and all bulk requirements.

All proposed structures, trailers, fences, lighting, storage and parking does / does not comply with all the applicable ordinances of the Borough.

 Zoning Officer

 Date

New License Fee \$150.00

Date paid _____ **Type of Payment (Checks, Credit Card, MO) Check #** _____

BUSINESS LICENSE # ISSUED 201 _____ **on** _____ **, 20** _____.

ADDITIONAL REVIEW IS REQUIRED AND APPROVED BY:

DEPARTMENT	LETTER SENT	APPROVAL DATE
ZONING OFFICER Rental/Resale Insp passed on _____		
HEALTH OFFICIAL		
RECYCLING		
CONSTRUCTION OFFICIAL		
TAX COLLECTOR		
POLICE		
FIRE MARSHAL		

COMMENTS:

REVIEWED BY: _____ **DATE:** _____

The Borough of Sayreville

Department of Code Enforcement
49 Dolan Street • Sayreville, NJ 08872
Tel. 732-390-7077 * Fax 732-390-7458

Business and Residential Emergency Contact Information

1. Business Information

Business Name: _____
Address: _____

Business Phone: _____
Alt. Phone: _____
Fax: _____

2. Business Owner Information

Name: _____
Address: _____

Phone: _____
Cell Phone/Pager: _____

3. Emergency Contacts (minimum of two contacts)

A. 1st Contact

Name: _____
Address: _____

Phone: _____
Cell Phone/Pager: _____

B. 2nd Contact

Name: _____
Address: _____

Phone: _____
Cell Phone/Pager: _____

C. 3rd Contact

Name: _____
Address: _____

Phone: _____
Cell Phone/Pager: _____

4. Property Owner

Name: _____

Address: _____

Phone: _____

Cell Phone/Pager: _____

5. Security Information

Alarm? (Circle One) yes no

Type: (Circle One) audible silent

Company: _____ Phone: _____

6. Certification

I certify that the above information is accurate and complete to the best of my knowledge.

Signature

Date

The Borough of Sayreville

BUREAU OF FIRE PREVENTION

167 MAIN STREET, SAYREVILLE, NEW JERSEY 08872
TEL. 732-390-7009 • FAX 732-390-7458

FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$1,000.00.

Part A – Business Name and Location Information:

1. Name of Business or Building: _____

Building Location: _____
(Number and Street)

Suite or Room Number: _____ Municipality: _____ Zip Code: _____

Part B – Business Registration Information:

2. Business Ownership Type (mark the correct box):

(0) ___ Corporation (1) ___ Private/Individual (2) ___ Partnership (3) ___ Condominium
(4) ___ Cooperative (5) ___ Government Agency (6) ___ LLC Corporation

3. Business/Corporation Mailing Address:

If Private / Individual Name: _____
Last First Middle Initial

If Other: _____
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A, etc.

Address: _____
PO Box Number or Street Number and Name

City: _____ State: _____ Zip Code: _____ - _____

Email Address: _____
An Email Address is **mandatory** for NJ DFS RIMS System for correspondence and billing purposes.

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Federal Employer (Tax ID) Number: _____

Social Security Number (For Private / Individual Only): _____
In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

****CONTINUED ON REVERSE SIDE****

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Sayreville is an Equal Opportunity Employer

www.sayreville.com

4. Person to receive Certified Mail, Billing or Other Notices. If same as owner write same (must not be a PO Box).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone: (_____) _____ - _____

Part C – Business and/or Building Details:

5. Briefly describe the nature of the business and/or building type, as well as any special or hazardous materials to be used on site.

6. _____
Block Number Lot Number Municipal Tax Account Number

7. _____
Building Height (in feet) Number of Stories Square Footage Occupant Load

Part D – Certification

8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Owner or Agent Completing this Form Date

Printed Name of Owner or Agent Completing this Form Title

Street Address of Owner or Agent Completing This Form

City State Zip Code (_____) _____
Telephone Number

FOR FIRE OFFICIAL USE ONLY

Registration Number: _____ 0 _____ - _____ Inspection Cycle: _____ / _____
Use Code(s): _____ - _____ - _____ New Application: _____ Transfer: _____
Date Received: _____