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

Control #_____

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 $ 75.00 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)
Town _____ State _____ Zip Code _____

BUSINESS PHONE # _____ HOME PHONE # _____

TENANT CONTACT PERSON: _____
TENANT ADDRESS: _____
TOWN: _____ STATE: _____ ZIP: _____
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

- ☐ SOLE PROPRIETORSHIP
- ☐ PARTNERSHIP – State of Incorporation_____
- ☐ CORPORATION – State of Corporation_____
- ☐ INDICATE IF NON-PROFIT
- ☐ OTHER EXPLAIN: _____

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? _____

HOW IS GARBAGE & DEBRIS DISPOSED OF? TOWN OR PRIVATE NAME OF COMPANY_____

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. By signing below, I certify under penalty of law that all statements and information provided in this application are true, accurate, and complete. I understand that knowingly making a false statement on this form is a criminal offense under **N.J.S.A. 2C:28-3** and **2C:28-7**, which may result in the immediate denial or revocation of this license, heavy fines, and imprisonment.

_____	_____
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 Emergency Contact list complete ___		
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