

571 Petersburg Road  
PO Box 204  
Dennisville, NJ 08214-0204



Phone: 609-861-9700  
Fax: 609-861-9719

**TOWNSHIP OF DENNIS**

**MERCANTILE LICENSE**

**FEE: \$50.00**

Information Required:

**PLEASE CHECK APPROPRIATE BOX:**       Initial Application       Renewal

Type of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State I.D. #: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Location of Business: Block #: \_\_\_\_\_ Lot(s) #: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Owners Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Do you use or store any hazardous materials in conjunction with your business? \_\_\_\_\_

If yes, please list types: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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In the event of an emergency please provide us with an emergency telephone number:

(      ) -      , and the name of a contact person \_\_\_\_\_

this information will be forwarded to the local fire department where your business is located.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date