

CHRISTOPHER T. MORRIS
Council President



PHYLLIS MAGAZZU
Mayor

Council Members
JOSEPH L. BATTEN
THOMAS DIGANGI
JEROME McINTOSH

CATHERINE UNDERWOOD
Township Clerk

TOWNSHIP OF BERLIN

MUNICIPAL BUILDING
135 Route 73 South
West Berlin, NJ 08091
Phone (856) 767-1854

APPLICATION FOR MERCANTILE/BUSINESS LICENSE

NEW APPLICATION FEE: \$150.00

YEARLY RENEWAL FEE: \$100.00

PAYABLE TO: "TOWNSHIP OF BERLIN"

LATE FEE: \$50.00

NAME AND ADDRESS OF BUSINESS: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

NEAREST CROSS STREET / NAME OF SHOPPING CENTER: _____

BUSINESS PHONE: _____ HOURS OF OPERATION: _____

BUSINESS WEBSITE: _____

NAME AND ADDRESS OF APPLICANT: _____

CONTACT PHONE : _____ E-MAIL: _____

IF AT THIS ADDRESS LESS THAN FIVE YEARS, LIST ALL ADDRESSES FOR LAST FIVE YEARS: _____

NAME OF OWNER IF DIFFERENT FROM APPLICANT: _____

BUSINESS IS A CORPORATION

NAME AND ADDRESS OF PRESIDENT: _____

NAME AND ADDRESS OF SECRETARY: _____

NAME AND ADDRESS OF REGISTERED AGENT: _____

BUSINESS IS A PARTNERSHIP

NAME AND ADDRESS OF ALL PARTNERS: _____

BUSINESS IS AN L.L.C.

NAME AND ADDRESS OF MANAGING MEMBERS: _____

NAME AND ADDRESS OF ALL OTHER MEMBERS: _____

HAS THE OWNER OR APPLICANT HAD A LICENSE TO CONDUCT THIS BUSINESS DENIED OR REVOKED? IF SO, STATE WHEN AND WHERE: _____

NO. OF EMPLOYEES: _____ ZONING DESIGNATION: _____

OCCUPANCY LOAD: _____ NO. OF EXITS: _____ NO. OF PARKING PLACES: _____

NO. OF CURB CUTS: _____ SIZE OF LOT: _____

LOCATED ON COUNTY/ STATE ROAD: _____

SET FORTH PRIOR USE OF BULDING: _____

DATE OF LAST FIRE INSPECTION: _____ ARE SPRINKLERS REQUIRED: _____

DATE AND STATUS OF LAST HEALTH INSPECTION: _____

OUTSTANDING ZONGING OR PLANNING VIOLATIONS: _____

DETAILED EXPLANATION OF OPERATION R SERVICES PROVIDED:

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND MAKES THESE STATEMENTS TO INDUCE THE TOWNSHIP OF BERLIN TO ISSUE THE REQUESTED LICENSE. THE UNDERSIGNED AGREES TO COMPLY WITH ALL LAWS AND ORDINANCES OF THE TOWNSHIP APPLICABLE TO THE OPERATION OF THIS BUSINESS:

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

APPROVED BY INSPECTION OFFICIALS: _____

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APPLICATION FOR BUSINESS CERTIFICATE OF OCCUPANCY

SECTION I

BLOCK: _____ LOT: _____

NAME OF BUSINESS: _____

ADDRESS: _____

BUSINESS NUMBER: _____

NAME OF OWNER: _____

OWNER'S ADDRESS: _____

OWNER TELEPHONE NUMBER: _____

SECTION II

VERIFICATION OF MERCANTILE LICENSE

(THIS IS APPLIED FOR IN THE CLERK'S OFFICE)

MERCANTILE LICENSE HAS BEEN APPLIED FOR? _____ YES _____ NO

(DATE)

(SIGNATURE OF TOWNSHIP CLERK)

SECTION III

(MAKE CHECK PAYABLE TO THE TOWNSHIP OF BERLIN)

_____ CERTIFICATE OF OCCUPANCY (\$120.00)

_____ CONTINUED CERTIFICATE OF OCCUPANCY (\$60.00)

DESCRIPTION OF PROPOSED USE: _____

_____ LEASE _____ OWN

I HEREBY ATTEST, THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION
ON THIS APPLICATION IS TRUE.

SIGN: _____ DATE: _____
_____ OWNER _____ AGENT

TOWNSHIP OF BERLIN

FIRE DISTRICT #1

186 Haddon Avenue
West Berlin, NJ 08091
Phone (856) 767-1839
Fax (856) 767- 2248



PHYLLIS MAGAZZU

Mayor

JOE JACKSON SR.
Fire Official

FIRE DEPARTMENT REGISTRATION

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PHONE NO. OF BUSINESS: _____

OWNER OF BUSINESS: _____

OWNER'S ADDRESS: _____

PHONE NO. OF OWNER: _____

SQUARE FOOTAGE OF BUILDING: _____

**NON-LIFE HAZARD REGISTRATION FEES
COMERCIAL OT INDUSTRIAL USE GROUP BUILDINGS**

Commercial or industrial use groups include all buildings not listed as life hazard by the New Jersey Division of Fire Safety.

BUILDING WITH OR WITHOUT ATTACHED DWELLING UNITS:

NOT TO EXCEED 1,000 SQUARE FEET.....	\$35.00
1,000 SQ. FT. NOT EXCEEDING 3,000 SQ. FT.....	\$58.00
3,000 SQ. FT. NOT EXCEEDING 9,000 SQ. FT.....	\$86.00
9,000 SQ. FT. NOT EXCEEDING 15,000 SQ. FT.....	\$144.00
15,000 SQ. FT. NOT EXCEEDING 50,000 SQ. FT.....	\$200.00
50,000 SQ. FT. NOT EXCEEDING 100,000 SQ. FT.....	\$260.00
100,000 SQ. FT. NOT EXCEEDING 200,000 SQ. FT.....	\$460.00
200,000 SQ. FT. NOT EXCEEDING 300,000 SQ. FT.....	\$690.00
FOR ADDITIONAL 100,000 SQ. FT.OR PART THEREOF.....	\$230.00

NOTE: Each floor or story shall be calculated as separate areas for building calculations. The “user” of the space must register and pay the registration fee. In buildings that have common areas, the owner is responsible to register and pay the registration fee. All registrations will be for a period of (1) year.

RESIDENTIAL BUILDINGS

Includes building with dwelling units not listed as life hazard by the NJ Division of Fire Safety, except one and two family owner occupied units.

UNIT SIZE:

ONE (1) TO THREE (3) UNITS.....	\$40.00
FOUR (4) TO TEN (10) UNITS	\$86.00

**RETURN COMPLETED FORM AND CHECK MADE PAYABLE TO “FIRE DISTRICT #1” TO
135 ROUTE 73 SOUTH, WEST BERLIN, NJ 08091**

**BERLIN TOWNSHIP POLICE DEPARTMENT
MERCANTILE LICENSE APPLICATION FORM**

PLEASE PRINT CLEARLY

ID#: _____

Name:			
_____	_____	_____	
Last	First	Middle	
Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
Number of Years at this Address: _____		Phone Number: _____	
		(Circle One)	Home Cell Other
Date of Birth: ___/___/___ Age: ___ Race: ___ Hgt: ___ Wt: ___ Hair: ___ Eyes: ___			
Birthplace: _____ SS# ___ - ___ - ___ D/L: _____			
Marks/Scars/Amputation: _____			
Other Names Used: _____			
Name of Business: _____			
Address: _____		Business Phone: _____	
Nature of Merchandise or Service: _____			
Name & Address of Employer(if different than above): _____			
Name/Address/Phone Number of BUSINESS CHARACTER REFERENCES: _____			
1. _____			
2. _____			
3. _____			
Residence of Applicant for the last five years:			
_____			How long _____
_____			How long _____
ARREST(S) CONVICTION(S) FOR MISDEMEANOR, CRIMES, OR DISORDERLY CONDUCT. WHEN AND WHERE OFFENSE(S) OCCURRED: Yes No			

Fingerprints of applicant: Yes No Photo of Applicant: Yes No			
DATE: _____		OFFICER: _____	
If the applicant is an employee or agent, he/she must attach to this application form, a letter from the firm or corporation for which the applicant purports, authorizing to act as agent or representative.			
Please list the names and phone #'s of 3 people who can be contacted for an emergency at the business after hours:			
Emergency #1 _____			
Emergency #2 _____			
Emergency #2 _____			

Note: Fingerprinting **must be done within TEN DAYS**

**BERLIN TOWNSHIP
POLICE DEPARTMENT**

135 ROUTE 73 SOUTH
WEST BERLIN, NJ 08091

ALARM REGISTRATION

NOTICE DATED: _____

In accordance with the Ordinance Code 1999-7 of the Township of Berlin all alarms must be registered with the Police Department. If you have received this form after and alarm activation you must register your system within fourteen (14) days. Failure to do so may result in the discontinuation of police response.

PROPERTY INFORMATION

PROPERTY LOCATION: _____

PROPERTY OWNER: _____

ADDRESS OF PROPERTY OWNER (If different than above):

HOME PHONE: _____ CELL PHONE: _____

BUSINESS NAME: _____

ALARM INFORMATION

ALARM TYPE: AUDIBLE VISIBLE MONITORED LOCAL

NAME OF ALARM MONITORING COMPANY: _____

ADDRESS: _____ PHONE: _____

DIRECT DIAL ALARMS TO THE POLICE DEPARTMENT ARE PROHIBITED!!!

EMERGENCY RESPONDERS

There must be at least two people who are authorized to respond and open premises at any time.

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

Alarms installed after 5/16/1999 must have a timing device, which automatically shuts off the alarm within sixty (60) minutes after it is activated. Alarms installed prior to 5/16/1999 must either have a timing device or procedures in place whereby the alarm is manually or automatically shut off within sixty (60) minutes after it is activated.

OCCUPANT INFORMATION

Names of Each Occupant (if other than the property owner): _____

Pursuant to Berlin Township Code, I hereby indemnify and hold the Township harmless from and on account of any and all damages out of the activities of the registrant or its alarm contractor and arising out of the existence, operation, failure to operate, use or misuse of the alarm systems on the registered premises and arising out of the operation of failure to operate of the alarm console.

X _____
SIGNATURE OF PROPERTY OWNER

DATE

X _____
SIGNATURE OF OCCUPANT

DATE

X _____
SIGNATURE OF OCCUPANT

DATE