

Borough of Lake Como

Application for Mercantile License

PURSUANT TO ORDINANCES OF THE BOROUGH OF LAKE COMO,
THE UNDERSIGNED HEREBY MAKES APPLICATION FOR MERCANTILE LICENSE
AND CERTIFIES TO THE CORRECTNESS OF THE FOLLOWING INFORMATION.

1. NAME AND ADDRESS OF APPLICANT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER: _____ (NEED PHOTOCOPY)

2. TRADE NAME, IF ANY, UNDER WHICH BUSINESS IS TO BE CONDUCTED _____

3. IS APPLICANT AN INDIVIDUAL, PARTNERSHIP OR CORPORATION? _____

4. IF INDIVIDUAL, GIVE RESIDENCE ADDRESS AND EMERGENCY TELEPHONE NUMBER. IF OTHER THAN INDIVIDUAL, GIVE FULL NAMES OF ALL OFFICERS AND MANAGERS WITH RESIDENCE ADDRESSES AND EMERGENCY TELEPHONE NUMBERS:

NAME:

RESIDENCE:

TELEPHONE NUMBER:

5a. STREET AND NUMBER LOCATION OF BUSINESS: _____

5b. NATURE OF BUSINESS: _____

5c. SIZE OF SALES AREA IN SQUARE FEET: _____

5d. DOES APPLICANT OWN PREMISES TO BE LICENSED? _____ YES _____ NO
IF NOT, GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER: _____

6a. HAVE YOU EVER HELD A MERCANTILE LICENSE? _____ YES _____ NO
IF SO, STATE BUSINESS LOCATION FOR WHICH YOU WERE/ARE LICENSED AND THE PERIOD OF TIME:

6b. HAVE YOU EVER HELD A MERCANTILE LICENSE WHICH WAS REVOKED OR SUSPENDED? _____
YES _____ NO
IF SO, STATE DETAILS AND REASONS FOR REVOCATION OR SUSPENSION: _____

7a. ARE YOU IN VIOLATION OF THE ZONING ORDINANCE OF THE BOROUGH OF LAKE COMO?
_____ YES _____ NO IF YES, EXPLAIN: _____

7b. IF YOU WILL OCCUPY A NON-CONFORMING USE, SUBMIT PROOF OF DATE OF OCCUPANCY AND
OPERATION: _____

8a. ARE YOU CURRENTLY LICENSED FOR THE SAME TYPE OF BUSINESS IN ANOTHER BOROUGH OR
TOWN? _____ YES _____ NO

8b. IF YES, GIVE LICENSE NUMBER: _____ EXPIRATION DATE _____

BOROUGH OR TOWN _____ TYPE OF BUSINESS _____

8c. DO YOU HAVE A STATE LICENSE OR A VETERAN'S LICENSE? _____ YES _____ NO

NUMBER _____ EXPIRATION DATE _____

DATE: _____

NAME OF APPLICANT _____

BY: _____

TITLE: _____

DO NOT WRITE BELOW THIS LINE

APPLICATION: _____ APPROVED _____ DENIED

DATED _____ FEE \$ _____

CERTIFICATE OF OCCUPANCY NUMBER # _____ DATE ISSUED _____

OCCUPATION _____

LICENSE # _____

DATE ISSUED _____

BOROUGH CLERK _____

ZONING OFFICER _____

Department of Police
Rosman Cash, Police Chief
(732) 681-3084 Office
(732) 681-3081 Emergency

BOROUGH OF LAKE COMO POLICE DEPARTMENT BUSINESS EMERGENCY

DATE _____

BUSINESS NAME _____ T/A _____ PHONE: _____

ADDRESS _____ ZIP CODE: _____

PROPRIETOR NAME _____ PHONE: _____

ADDRESS _____ ZIP CODE: _____

IN CASE OF AN EMERGENCY, NOTIFY THE FOLLOWING PERSONS:

CALL FIRST

CALL SECOND

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

PLEASE GIVE LOCATION OF THE FOLLOWING:

TELEPHONE _____ ALARM PANEL _____

ELECTRIC CIRCUIT BOX _____

ALARM COMPANY NAME _____

WATER SHUT OFF _____

ALARM COMPANY PHONE _____

GAS SHUT OFF _____

FIRE EXTINGUISHERS _____

ANY FURTHER PERTINENT INFORMATION _____

PLEASE FILL OUT AND PROMPTLY RETURN TO LAKE COMO POLICE DEPARTMENT