



BOROUGH OF BELLMAWR
MERCANTILE LICENSE APPLICATION
Effective 06/01/18, Expires 05/31/19

Business Name: _____

Business Address: _____

Business Phone #: _____

Type of Business, & Goods Sold: _____

Business Owner Name: _____

Business Owner Phone: _____

Emergency contact person and Emergency telephone number:

Mailing Address: (If different from business location)

City: _____ State: _____ Zip: _____

Provide an email address of a Business representative who can attend the Bellmawr Business Alliance meetings and share business news updates.

Email: (Print Clearly or Type) _____

I declare under the penalties of perjury the statements contained in this application are true to the best of my knowledge and belief.

_____/_____/_____
Business Representative's Signature & Title Date

Mercantile License Fee \$25.00 Due Before May 31st each year.
Your payment enrolls you in the Business Alliance automatically

PAYABLE BY CHECK OR MONEY ORDER ONLY.
Mail completed application with payment

Bellmawr Borough Mercantile
P.O. Box 368
Bellmawr, NJ 08099-0368

This form **MUST** be returned with your payment.

Payments without application will be returned.