

TOWNSHIP OF COLTS NECK
APPLICATION FOR MERCANTILE LICENSE

Pursuant to local ordinance, all businesses, trades and occupations operating within the Township of Colts Neck must obtain a Mercantile License annually.

Annual Fee: \$25.00 cash or check or money order, made payable to
Township of Colts Neck

Please complete all questions. If not applicable, so state.

1. Name of Applicant: _____

A. Single Owner

1. Name: _____

Address: _____

B. Partnership - Name and Address of All Partners

1. Name: _____

Address: _____

2. Name: _____

Address: _____

C. Corporation: - If a corporation, please list names and addresses of all
officers, directors and shareholders on a separate sheet and attach.

2. Trade Name: _____

3. Location of Business: _____

Block Number: _____ Lot Number: _____

4. Business Telephone: _____

5. Specific Nature of Business: _____

6. Residence of applicant during the past five years: _____

7. State whether or not applicant has ever had a license to conduct business herein described or revoked.

Yes: _____ No: _____

If "yes," please attach explanation.

8. Attach details of any conviction for crimes of the first, second, third, or fourth degree, and the date and place of conviction.

9. If a corporation, name and address of registered agent

1. Name: _____

Address: _____

10. If you wish your business to appear on the Colts Neck Township's Website Business Directory (www.colts-neck.nj.us), please fill out the attached Business Registration Information.

Signature of Applicant: _____

Date of Application: _____

FOR TOWNSHIP USE ONLY

Date Application Received: _____

Date of Check: _____ Amount Paid: _____

Check Number: _____ Cash: _____

APPROVALS REQUIRED:

Zoning: _____ Date: _____

Board of Health: _____ Date: _____

Construction: _____ Date: _____

Police Department: _____ Date: _____

Township Administrator/Clerk Approval: _____

Date of Approval: _____ License Number: _____

TOWNSHIP OF COLTS NECK
WEBSITE REGISTRATION APPLICATION
BUSINESS DIRECTORY

Annual Fee: \$25.00 cash or check or money order, made payable to
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BUSINESS NAME: _____
DESCRIPTION: _____
LOCATION NAME: _____
STREET ADDRESS: _____
BUSINESS TELEPHONE: _____
BUSINESS FAX NO.: _____
BUSINESS URL: _____

The following information is for reference only and will not appear in your
business listing:

CONTACT PERSON: _____
SIGNATURE: _____
TYPE OF BUSINESS (service and/or retail): _____
YEARS IN BUSINESS: _____

For office use only:

Fee paid: _____ Check No.: _____

Date of Check: _____

Administrator's Signature: _____