



TOWNSHIP OF DENNIS 2012 MERCANTILE LICENSE APPLICATION FORM

Information Required:

Initial Application: _____ Renewal: _____

Type of Business : _____

Name of Business : _____

Name of Owner : _____

Owner 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 #: _____

Number of Employees: _____

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

If yes, please list types: _____

> _____

Additional Information: _____

> _____

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