



# TOWNSHIP OF DENNIS 2010 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