

Mercantile Licensing
Department
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N.J.
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NEW BUSINESS FEE \$100 ANNUAL RENEWAL FEE \$75 LATE FEE \$25

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS EMAIL: _____

TYPE OF BUSINESS: _____

HOURS OF OPERATION: _____

OPENING DATE: ___/___/___ STATE LICENSE: _____

CERTIFICATE OF OCCUPANCY NUMBER: _____

BUSINESS OWNER INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

TELEPHONE NUMBER: _____

APPLICANT SIGNATURE

____/____/____
DATE