

**FEE \$ 50.00**

TOWNSHIP OF GALLOWAY  
CLERK'S OFFICE  
300 E. JIMMIE LEEDS ROAD  
GALLOWAY, NEW JERSEY 08205  
609-652-3700 EXT 237

Date: \_\_\_\_\_

**APPLICATION FOR MERCANTILE LICENSE  
AND FIRE PREVENTION INSPECTION**

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Trade Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

If Corporation or Partnership, please list Name and Address of Each Person Owning 10% or more:

\_\_\_\_\_

Name & Address of Corporation Officers & Titles & Registered Agent:

\_\_\_\_\_

Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Location: \_\_\_\_\_

The undersigned does hereby certify that the statements above given, are true to the best of my knowledge, and that I will comply with all lawful regulations.

\_\_\_\_\_  
Owner, Officer, Representative

Mailing address for mercantile \_\_\_\_\_

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**GALLOWAY TOWNSHIP POLICE DEPARTMENT**  
COUNTY OF ATLANTIC  
300 E. JIMMIE LEEDS ROAD  
GALLOWAY, NEW JERSEY 08205

**Galloway Township Emergency Information Form**

(Please fill in all known Information)

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Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Alarm System (circle):

Alarm Type (circle):

Yes

No

Fire

Burglary

Robbery

Medical

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Emergency Contact List

(A minimum of three (3) contacts must be listed)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_