

TOWNSHIP OF FLORENCE

APPLICATION FOR TRANSIENT MERCHANT LICENSE

Date: _____

Application # _____

Phone # _____
Home Business

NAME OF APPLICANT _____

Individual _____ Corporation _____

PERMANENT ADDRESS _____
Street

City State Zip Code

BUSINESS ADDRESS _____
Street

City State Zip Code

CORPORATION FILL IN BELOW

Date of Incorporation _____ State _____

If out of state incorporation, state date qualified to do business as a foreign corporation to do business in the state of New Jersey: Date _____

Name of Corporate Officers

Home Address

Business Address

I propose to conduct _____
Kind of Business

At the following location(s) _____

on _____ between the hours of _____ and _____
Days of the week

For the next _____ commencing _____
Weeks or Months Date

Name of registered agent or office _____

Permanent address _____
Street

_____ City State Zip Code

Phone _____

- Attached: Board of Health Approval Certificate _____
Fire Inspection Certificate _____
Other Permits _____
Copy of Written Agreement with Registered Agent _____
Insurance _____
Tax Certificate _____
Copy of Driver's License _____

Fee: \$250.00