



Borough of Stratford

Camden County, New Jersey

Business License Application Packet

Business Name: _____

Business Address: _____



Borough of Stratford
Camden County, New Jersey

Mercantile License Application

Date: _____

OWNER INFORMATION:

Name of Owner: _____ Primary Phone #: _____

Address of Owner: _____

Social Security Number: _____ Birth Date: _____ Email: _____

BUSINESS INFORMATION:

Name of Business: _____

Address of Business: _____

Business Phone Number: _____ Business Hours: _____

Type of Business: _____ Number of Employees: _____

Type of Service and/or Merchandise you will be offering or selling: _____

Is owner individual, partnership, or corporation: _____

If partnership, give name of partner: _____

If corporation, give names of Director and Officers of corporation:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list address and phone number of corporation: _____

If owner is individual or partnership, has the applicant or any partner ever been convicted of a crime? _____

If so, give names of persons convicted and name of the crime or crimes: _____

Signature of Applicant: _____ Date: _____

Stratford Police Department
315 Union Avenue
Stratford, New Jersey 08084
Telephone: (856) 783-8616
Fax: (856) 784-8419

Business Emergency Information Form

Business Name: _____
Address: _____
Business Telephone Number: _____ Fax #: _____
Owners Name: _____ Cell #: _____ Email: _____
Type of Business: _____

EMERGENCY CONTACTS:

Below list three (3) employees to be notified in the order which they are to be called in the case of an emergency that occurs after regular business hours.

#1. Employee Name _____ Address: _____
Home #: _____ Cell #: _____ Email: _____
#2. Employee Name _____ Address: _____
Home #: _____ Cell #: _____ Email: _____
#3. Employee Name _____ Address: _____
Home #: _____ Cell #: _____ Email: _____

Additional Information: _____

Does the above business have a surveillance system? Yes No Does it record? Yes No
Does the above business have an alarm system? Yes No

If so:

Alarm Company: _____
Address: _____
Telephone Number: _____

NOTE: If any of the employees listed above are transferred or dismissed, please submit a revised form within forty-eight (48) hours to the Stratford Police Department as we cannot be responsible for an unsecured for an unsecured property.

PLEASE RETURN IN PERSON, MAIL, FAX TO 856-784-8419 OR EMAIL TO CLERK@STRATFORDPD.ORG

| |
|---|
| Official Use Only Date received: _____ |
|---|



Stratford Bureau of Fire Safety Stratford Fire Department



Borough of Stratford
"A Clean Community"
Est. 1889

Fire Official
Brian E Gibson
Email: fm@Stratfordfire.com

Phone: (609) 707-5112
Fax: (856) 783- 0455

311 East Laurel Rd
Stratford NJ, 08084

BUSINESS REGISTRATION FORM

Local ID: _____

State ID: _____

Business Information

Name of Establishment: _____ Phone Number: _____

Address: _____

Business Owner Information

Name: _____ Federal ID # _____

Business Owner Home Address: _____

Phone #: _____ Email: _____

Send Correspondence to: (circle one) Establishment Business Owner Building Owner

Property Owner Information

Name: _____

Property Owner Address: _____

Phone # _____ Email: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____



Stratford Bureau of Fire Safety Stratford Fire Department



Borough of Stratford
"A Clean Community"
Est. 1889

Fire Official
Brian E Gibson
Email: fm@Stratfordfire.com

Phone: (609) 707-5112
Fax: (856) 783- 0455

311 East Laurel Rd
Stratford NJ, 08084

PROPERTY INFORMATION

Block: _____ Lot: _____

Description of Use or Business: _____

Square Footage of Building: _____ Life Hazard Use? (Y or N) _____

Truss Construction? (If so what type and where are they located) _____

List of Special Activities or Operations: _____

****I certify that all statements made by me in this registration are true. I am aware that if any of the forgoing statements are willingly false are a violation of this code. ****

Signature: _____

Print Name/ Title: _____

Address: _____

Date: _____



Borough of Stratford
Camden County, New Jersey

Sign Permit Application

- Application is made to the Borough Clerk who sends it to the Planning Board
- Application must be filed two weeks before the regular meeting of the Planning Board, which meets the fourth Thursday of each month
- The Planning Board approves or disapproves
- One application is to be completed for each sign. If you have multiple signs you would like to put up, please use multiple applications.
- Applicant must comply with Article XVI of the Zoning Code, copy of which is attached.

Date: _____

APPLICANT:

Name: _____ Primary Phone #: _____

Address: _____ Email: _____

OWNER OF PROPERTY: *(If applicant differs from the owner of the property, written consent allowing the sign to be erected from the owner is required)*

Name: _____ Primary Phone #: _____

Address: _____ Email: _____

ERECTOR OF SIGN: *(Give corporation, firm or association name)*

Name: _____ Primary Phone #: _____

Address: _____ Email: _____

SIGN INFORMATION:

Is this a NEW SIGN or an ALTERATION TO EXSISTING SIGN? (Please describe): _____

LOCATION of structure where sign is to be attached or erected (Give address or lot): _____

Attach a scale drawing indicating and showing the following:

1. POSITION of sign in relation to nearby buildings, roads and property lines.
2. MESSAGE that will be placed on sign
3. COLOR of sign
4. LIGHTING of sign
5. STRUCTURAL DESIGN of sign
6. ANCHORAGE of sign
7. SQUARE FOOTAGE of sign

Signature of Applicant: _____ Date: _____

Received by Borough Clerk: _____ Date Received: _____
Planning Board Date: _____ Approved? (Y or N): _____



Borough of Stratford
Camden County, New Jersey

OFFICIAL USE ONLY

Type of Business: _____

| LICENSE TYPE | FEE AMOUNT |
|-------------------------------------|------------|
| <input type="checkbox"/> Mercantile | \$ _____ |
| <input type="checkbox"/> Sign | \$ _____ |
| <input type="checkbox"/> Food | \$ _____ |
| <input type="checkbox"/> Nursery | \$ _____ |
| <input type="checkbox"/> Pool | \$ _____ |
| <input type="checkbox"/> Coin | \$ _____ |

TOTAL AMOUNT TO BE BILLED \$ _____

Police Department Action: _____

Borough Council Action (Approved or Disapproved?): _____ Date: _____

Notes: _____

