



**Please type or print clearly**

APPLICATION FOR RENTAL MERCANTILE LICENSE  
Township Code §164

**Please make all checks payable to:**  
**Eagleswood Township**  
**146 Division Street**  
**West Creek, NJ 08092**  
**Attn: Zoning Office**

*Official Use Only*

Date Received:

Approved:  Denied:

Fee:  Check #:

Mercantile License renewal fee is due the first business day of each New Year (\$25.00)

1. INITIAL APPLICATION \_\_\_\_\_ RENEWAL APPLICATION \_\_\_\_\_ CHANGE OF TENANCY \_\_\_\_\_

2. Property Address: \_\_\_\_\_, Block \_\_\_\_\_ and Lot \_\_\_\_\_

**P.O. Box not sufficient**

3. Applicant/Business/Trade Name: \_\_\_\_\_

4. Owner's Mailing Address: \_\_\_\_\_

5. Owner(s) Phone Number(s): Primary \_\_\_\_\_, Secondary: \_\_\_\_\_

6. Owner's E-mail Address: \_\_\_\_\_

7. If Corporation, Name, Address, and Phone Number of all general partners: \_\_\_\_\_  
\_\_\_\_\_

8. Registered Agent's Name: \_\_\_\_\_

9. Registered Agent's Address: \_\_\_\_\_

10. Registered Agent's Phone Number: Primary: \_\_\_\_\_, Secondary: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

11. Number of Bedrooms: \_\_\_\_\_ Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Total Occupants: \_\_\_\_\_

12. If fuel oil is used to heat the building and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used: \_\_\_\_\_  
\_\_\_\_\_

As to each rental unit, specification of the exact number of sleeping rooms contained in the rental unit and exact number of sleeping accommodations contained in each sleeping room, identifying each sleeping room specifically by the number and location within the rental unit and by square footage thereof. In order to satisfy the requirement of this provision, an owner shall submit a **floor plan, indicating the square footage of each bedroom** which shall become a part of the registration application and which shall be attached to the registration form when filed with the Code Enforcement Officer or his designee.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

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**DO NOT WRITE BELOW LINE, TAX COLLECTOR USE ONLY**

There [are/are not] delinquent property taxes or assessments due on above referenced property.  
Property taxes/assessments due are paid through \_\_\_\_\_

\_\_\_\_\_  
Tax Collector or Designee

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**APPLICATION MUST BE FILLED OUT ENTIRELY**