

CITY OF MILLVILLE

ADULT BOOKSTORE

LICENSE APPLICATION (Chapter 33, Article 1- Section 33-3D)

\$10.00 Application Fee Due Payable at Time of Application
\$400.00 Per Year for Each Licensee
Copy of State of New Jersey Tax Sale Certificate

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

BUSINESS INFORMATION

TYPE OF BUSINESS: _____

NAME OF BUSINESS: _____

Attach Copy of State of New Jersey Tax Sale Certificate

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

DESCRIPTION OF MERCHANDISE, PRODUCTS AND SERVICES PROVIDED :

HOURS OF OPERATION: _____
Shall not begin before 8:00 a.m. or continue after 10:00 p.m.

APPLICANT INFORMATION

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B.: ____/____/____ DL#: _____ SS#: ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

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OWNER INFORMATION

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B.: ____/____/____ DL#: _____ SS#: ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

**ATTACH WRITTEN CONSENT OF THE PROPERTY OWNER WHERE THE BUSINESS IS TO BE LOCATED
IF THE LOCATION IS NOT OWNED BY APPLICANT**

GENERAL PARTNER INFORMATION

NAME OF PARTNER: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B.: ____/____/____ DL#: _____ SS#: ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE INFORMATION

NAME OF EMPLOYEE: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B.: ____/____/____ DL#: _____ SS#: ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

NAME OF EMPLOYEE: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B.: ____/____/____ DL#: _____ SS#: ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

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NAME OF EMPLOYEE: _____ **PHONE#:** _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B.: ____/____/____ **DL#:** _____ **SS#:** ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

NAME OF EMPLOYEE: _____ **PHONE#:** _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B.: ____/____/____ **DL#:** _____ **SS#:** ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES: NO:

IF YES, PLEASE INDICATE:

<u>NAME</u>	<u>NATURE OF OFFENSE</u>	<u>DATE OF OFFENSE</u>	<u>PLACE OF CONVICTION</u>

EACH APPLICANT AND EMPLOYEE SHALL CONTACT THE MILLVILLE POLICE DEPARTMENT AND ARRANGE TO BE FINGERPRINTED AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING. CONTACT THE MILLVILLE TRAFFIC SAFETY BUREAU @ 856-825-7010

SIGNATURE OF APPLICANT: _____
Signature Date

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CHIEF OF POLICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

***FIRE OFFICIAL:**

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Fire Inspector _____
Signature Date

A brief explanation, if license was denied: _____

ZONING OFFICER:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

CONSTRUCTION OFFICIAL:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

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CITY SOLICITOR:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Solicitor _____
Signature Date

A brief explanation, if license was denied: _____

BOARD OF COMMISSIONERS:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Mayor _____
Signature Date

A brief explanation, if license was denied: _____

***ROBERT CONNER, MINTS INSURANCE AGENCY:**

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Robert Conner _____
Signature Date

A brief explanation, if license was denied: _____

APPROVED: DENIED: City Clerk _____
Signature Date