

Borough of Sayreville  
Department of Code Enforcement

## Mercantile License Application

### PROCEDURE

- ✎ To begin the process, receive verbal approval by the Zoning Officer- Andrew Mashanski - 732-390-7004
- ✎ Complete & return application to this office with the \$150 Application Fee(NON-REFUNDABLE)
- ✎ Also complete & return application for Commercial Rental/Resale Compliance Certificate – inspection date will be given
- 📄 A copy of the application will be forwarded to the following departments for review:
  - ✍ Tax Collector 390-7040
  - ✍ Fire Inspector 390-7009
  - ✍ Construction Official 390-7077
  - ✍ Health Department 390-7012
  - ✍ Police Department 525-5463
  - ✍ Recycling Coordinator 390-7008
- 👉 This office must receive a report from each of the above departments stating that said business is in compliance with the Borough of Sayreville Ordinance and all applicable codes.
- ✳ License will then be issued



ADDRESS: \_\_\_\_\_

Phone #: \_\_\_\_\_

**BUSINESS INFORMATION**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_

EXISTING OR PREVIOUS USE: \_\_\_\_\_

SQUARE FOOTAGE OF PROPOSED TENANT SPACE: \_\_\_\_\_

**TYPE OF BUSINESS**

- |   |   |
|---|---|
| <input type="checkbox"/> SOLE PROPRIETORSHIP                        | <input type="checkbox"/> INDICATE IF NON-PROFIT |
| <input type="checkbox"/> PARTNERSHIP – State of Incorporation _____ | <input type="checkbox"/> OTHER EXPLAIN: _____   |
| <input type="checkbox"/> CORPORATION – State of Corporation _____   |   |

IF CORPORATION, PRINT NAME, ADDRESS & HOME PHONE NUMBER OF PRESIDENT:

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE SCOPE AND PURPOSE OF THE PROPOSED ACTIVITY, THE NATURE OF OPERATION, ITS PROCESSES AND ACCESS TO THE PUBLIC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE MATERIALS (OTHER THAN HAZARDOUS) TO BE UTILIZED OR STORED ON SITE. SPECIFY QUANTITIES TO BE STORED OR HANDLED OVER DIFFERENT PERIODS (WEEKLY, MONTHLY, OR YEARLY). DESCRIBE METHOD OF HANDLING THESE MATERIALS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT, IF ANY, ITEMS WILL BE PLACED ON THE GROUNDS OF THE PREMISES, SUCH AS TRAILERS, TEMPORARY STRUCTURES, LIGHTING, FENCES, GOODS FOR SALE OR SIMILAR ITEMS?

\_\_\_\_\_  
\_\_\_\_\_

ANY TRUCKS OR COMMERCIAL VEHICLES: \_\_\_\_\_

ARE VEHICLES STORED OVERNIGHT? \_\_\_\_\_ IF SO, WHERE? \_\_\_\_\_

NUMBER OF EMPLOYEES (PER SHIFT): \_\_\_\_\_

DAYS OF WEEK & HOURS OF OPERATION: \_\_\_\_\_

ARE DELIVERIES MADE TO PREMISE? \_\_\_\_\_ HOW MANY PER WEEK? \_\_\_\_\_

HOW IS GARBAGE & DEBRIS DISPOSED OF? TOWN OR PRIVATE NAME OF COMPANY \_\_\_\_\_

IDENTIFY ANY HAZARDOUS MATERIALS TO BE PROCESSED, STORED, SOLD, OR DISPOSED ON SITE: \_\_\_\_\_

MSDS MUST BE PROVIDED. INCLUDE IN THE DESCRIPTION:

- a. maximum amounts on hand at any one time
- b. quantities to be stored or delivered to the site on a weekly, monthly and yearly basis
- c. method of delivery and storage (types of containers and locations)
- d. built-in spill and leak containment features
- e. built-in fire protection features
- f. emergency action plan for fire, explosion, spill, or leak
- g. description of worst case scenario
- h. special fire fighting or spill containment equipment and training needed

DESCRIBE TYPE AND QUANTITY OF BOTH LIQUID AND SOLID HAZARDOUS WASTE. IDENTIFY THE LICENSED WASTE HAULER AND ULTIMATE DISPOSAL SITE FOR ALL HAZARDOUS WASTES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU ARE DISPOSING OF GARBAGE & DEBRIS YOURSELF, WHERE ARE YOU TAKING IT:

\_\_\_\_\_

WILL ANY SIGNS BE REFACED OR MADE NEW AT THIS LOCATION FOR THE BUSINESS LISTED?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please submit required paperwork and fees through the Zoning and/or Construction Dept.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR THE VIOLATION OF ANY BOROUGH ORDINANCE OTHER THAN TRAFFIC OFFENSES AND, IF SO, THE DATE AND PLACE OF CONVICTION, NATURE OF THE OFFENSE AND PUNISHMENT OR PENALTY IMPOSED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: The applicant makes the above statements to induce the Borough to issue the license herein applied for and the applicant agrees to comply with all laws and ordinances of the Borough applicable to the subject matter hereof. The applicant is required to answer all questions completely and truthfully. If you have any questions about the disclosure of any information, please contact your attorney.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Property/Building Owner's Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**FOR ZONING OFFICER:**

This use is / is not in compliance with chapter XXVIII (Zoning) of the Revised General Ordinances of the Borough of Sayreville as to use and all bulk requirements.

All proposed structures, trailers, fences, lighting, storage and parking does / does not comply with all the applicable ordinances of the Borough.

\_\_\_\_\_ Date  
Zoning Officer

**New License Fee \$150.00**

**Date paid** \_\_\_\_\_ **Type of Payment (Checks, Credit Card, MO) Check #** \_\_\_\_\_

**BUSINESS LICENSE # ISSUED 201** \_\_\_\_\_ **on** \_\_\_\_\_, **20**\_\_\_\_\_.

**ADDITIONAL REVIEW IS REQUIRED AND APPROVED BY:**

<b>DEPARTMENT</b>	<b>LETTER SENT</b>	<b>APPROVAL DATE</b>
ZONING OFFICER Rental/Resale Insp passed on _____		
HEALTH OFFICIAL		
RECYCLING		
CONSTRUCTION OFFICIAL		
TAX COLLECTOR		
POLICE Emergency Contact list complete ____		
FIRE MARSHAL		

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*The Borough of Sayreville*

**Department of Code Enforcement  
49 Dolan Street • Sayreville, NJ 08872  
Tel. 732-390-7077 \* Fax 732-390-7458**

Business and Residential Emergency Contact Information

**1. Business Information**

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**2. Business Owner Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone/Pager: \_\_\_\_\_

**3. Emergency Contacts (minimum of two contacts)**

**A. 1<sup>st</sup> Contact**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone/Pager: \_\_\_\_\_

**B. 2<sup>nd</sup> Contact**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone/Pager: \_\_\_\_\_

**C. 3<sup>rd</sup> Contact**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone/Pager: \_\_\_\_\_

**4. Property Owner**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Cell Phone/Pager:

\_\_\_\_\_

**5. Security Information**

Alarm? (Circle One)                      yes                      no

Type: (Circle One)                      audible                      silent

Company: \_\_\_\_\_

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

**6. Certification**

I certify that the above information is accurate and complete to the best of my knowledge.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



# The Borough of Sayreville

## BUREAU OF FIRE PREVENTION

167 MAIN STREET, SAYREVILLE, NEW JERSEY 08872  
TEL. 732-390-7009 | FAX 732-390-7458

### FIRE SAFETY REGISTRATION FORM

All buildings, structures, uses, and premises shall be registered with the Fire Prevention Bureau and undergo an annual fire safety inspection and pay an annual fee as per Borough Ordinance 1568-86 of the Borough of Sayreville for non-life hazard uses and the New Jersey Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.) for life hazard uses. This form is due within thirty (30) days of issuance, and failure to register may result in a penalty of up to \$1,000.00.

#### Part A – Business Name and Location Information:

Name of Business			
Address			
Suite or Room Number	Municipality	Zip Code	Block/Lot
			/

#### Part B – Business Registration Information:

##### 1. Business Ownership Type

<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC Corporation	<input type="checkbox"/> Other
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##### 2. Business/Corporation Mailing Address:

If <b>Individual/Sole</b> Type:		Last	First	Middle Initial
If <b>LLC/Corporate</b> Type – Five FULL Legal Name of Ownership				
Address				
City	State	Zip Code	Phone	
Email Address to Receive Correspondence and Billing ( <b>MANDATORY</b> by NJ DFS)				Fax
Federal Employer Identification Number (EIN/Tax ID)			Social Security Number ( <b>For Private / Individual Only</b> ):	

In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

3. Registered Agent Filling out this Form Same as Owner?  Yes  No



4. Person to receive Certified Mail, Billing, or Other Notices (Address shall not be a PO Box):

Agent/Business Owner's Name:		Job Title:
Address:		Phone:
State	Zip	Agent/Owner Email:

5. Emergency Contact (Shall be different than Business owner/agent):

Name:		Job Title:
Address:		Phone:
State	Zip	Email:

6. Business Details:

Briefly describe the nature of the business and/or building type, as well as any special or hazardous materials to be processed, stored, sold, disposed, or used on site:


**Part C – Property/Building Information:**

If business is deemed to be a Life Hazard Use then all information is mandatory and may need to be filled out by property owner.

7. Is Property Ownership same as Business Ownership?  Yes  No

Property Owner/Company Name:		
Address:		Phone:
State	Zip	Property Owner/Manager Email:
Contact Person:		After Hours Emergency Number:

8. Square Footage of Business (if not whole building)		9. Total Square Footage of Building
10. Number of Stories	10A: Building Height in Feet	11. Stories Below Ground ( <i>Basement = 1</i> )
12. Total Number of Exits		13. Maximum Occupancy Load
14. Grade Height		15. Was Building Constructed <b>Prior to 1977?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does the building have a Fire Department Knox Box (key lock box) currently installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>[If yes, arrange to have keys for any changed locks secured immediately pursuant to N.J.A.C. 5:70-3, 506.2, Failure to keep keys current could delay firefighting efforts and cause forcible entry damage.]</b>		
17. Building Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Masonry/Concrete <input type="checkbox"/> Masonry/Steel <input type="checkbox"/> Exterior Masonry Wall/Frame <input type="checkbox"/> Combination <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
18. Heat Fuel Source <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
19. Heating System Type <input type="checkbox"/> Forced Air <input type="checkbox"/> Hot Water/Radiator <input type="checkbox"/> Radiant <input type="checkbox"/> Steam <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
20. Alternate Power Source(s) <input type="checkbox"/> None <input type="checkbox"/> Solar/Photovoltaic <input type="checkbox"/> Geothermal <input type="checkbox"/> Wind <input type="checkbox"/> Other: _____		
20A. Solar Panel Location <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Adjacent to Structure <input type="checkbox"/> Other: _____		
21. Back-Up Power Source(s) <input type="checkbox"/> None <input type="checkbox"/> Generator <input type="checkbox"/> Battery System <input type="checkbox"/> Multiple Grids from Power Co. <input type="checkbox"/> Other: _____		
21A. Emergency Generator Fuel Source <input type="checkbox"/> Natural Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____		
21B. Back-up Powered Devices (Select All that Apply) <input type="checkbox"/> Emergency Lights <input type="checkbox"/> Exit Signs <input type="checkbox"/> Fire Detection System <input type="checkbox"/> N/A		
22. Roof Construction <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Truss <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A		
22A. Roof Coverings (Select All that Apply) <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Asphalt/Tar <input type="checkbox"/> Metal <input type="checkbox"/> Rubber <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> N/A		
22. Truss Construction <b>ONLY</b> <input type="checkbox"/> Roof <input type="checkbox"/> Floor <input type="checkbox"/> Both Truss Type - <input type="checkbox"/> Bowstring <input type="checkbox"/> Metal <input type="checkbox"/> Steel Bat Joist <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____		
22C. Number of Roof Hatches		22D. Number of Skylights

23. Fire Protection System(s) (if present)	
23A. Fire Alarm System(s)	
<input type="checkbox"/> None <input type="checkbox"/> Central Station Monitored <input type="checkbox"/> Local System <input type="checkbox"/> Standalone Smoke Alarms <input type="checkbox"/> Other: _____ <input type="checkbox"/> Carbon Monoxide Alarms (required by N.J.A.C. 4:70-4.9)	
23B. Fire Suppression System(s)	
<input type="checkbox"/> None <input type="checkbox"/> Full Sprinkler System <input type="checkbox"/> Partial Sprinkler System <input type="checkbox"/> Kitchen Suppression System <input type="checkbox"/> Special Type System - <input type="checkbox"/> CO2 <input type="checkbox"/> Clean Agent (Halon, FM200, etc.) <input type="checkbox"/> Other: _____	
23C. Do suppression systems have alarms/monitoring	23D. If Yes to 23A and/or 23C, Name of Monitoring Company
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part D – Certification**

24. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Owner or Agent Completing this Form	Date
Printed Name of Owner or Agent Completing this Form	Title
Home Address of Owner or Agent Completing This Form	City, State, Zip
Email Address	Phone

<b><u>FOR FIRE OFFICIAL USE ONLY</u></b>	
Local: <input type="checkbox"/> LHU: <input type="checkbox"/>	Registration Number: _____
Inspection Cycle: _____ / _____	Use Code(s): _____
Date Received: _____	New Application: <input type="checkbox"/> Transfer: <input type="checkbox"/>
Date Entered into State System: _____	