

**FEE \$ 50.00**

TOWNSHIP OF GALLOWAY  
CLERK'S OFFICE  
300 E. JIMMIE LEEDS ROAD  
GALLOWAY, NEW JERSEY 08205  
609-652-3700 EXT 237

Date: \_\_\_\_\_

**APPLICATION FOR MERCANTILE LICENSE  
AND FIRE PREVENTION INSPECTION**

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

Business Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Trade Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

If Corporation or Partnership, please list Name and Address of Each Person Owning 10% or more:

\_\_\_\_\_

Name & Address of Corporation Officers & Titles & Registered Agent:

\_\_\_\_\_

Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Location: \_\_\_\_\_

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

\_\_\_\_\_  
Owner, Officer, Representative

Mailing address for mercantile \_\_\_\_\_

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Donna A. Higbee  
Chief of Police

# TOWNSHIP OF GALLOWAY POLICE DEPARTMENT



300 E. JIMMIE LEEDS ROAD, GALLOWAY, N.J. 08205  
(609) 652-3705 FAX: (609) 652-5710

## Galloway Township Property Registration Form (Please fill in all known information)

Applicant's Name: \_\_\_\_\_ Title (owner, manager, etc): \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Type  
(Please check one)

Alarm Type  
(Please check all appropriate)

Business     Residential     Burglar     Fire     Medical     N/A

### Emergency Contact List

(A minimum of three (3) local contacts must be listed)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Department Use Only	
Business/Place Entry #:	_____
Alarm Permit #:	_____
Date Entered:	_____
Entered By:	_____

Applicant's Signature: \_\_\_\_\_