

**PLEASE PRINT LEGIBLY**

<b>TOWNSHIP OF MAPLE SHADE MERCANTILE APPLICATION</b>						Page 1 of 2 <b>FORM 114-3</b>	
200 Stiles Avenue Maple Shade, New Jersey 08052 Ph: (856) 779-9610, ext. 166 <a href="http://www.mapleshade.com">www.mapleshade.com</a>						Clerk Use Only	
						Permit #	
<b>Fee</b>	<b>\$75.00</b>	<b>Checks Made Payable to Township of Maple Shade - Invoice will be mailed SEPARATELY</b>					
Name of Business:							
Physical Business Address:				Block:		Lot:	
Mailing Address (if different):							
City:		State:			Zip:		
Business Phone:				Business Fax:			
Type of Business (Describe):							
Describe Products Sold:							
Any Coin Operated Machines on Premises (Circle):				Yes	No	If Yes, How Many	
Date Business Opened:		Is Business:		__ Individual __ Partnership __ Corp. __ LLC			
Email Address:							
Alternate Email Address:							
Hours of Operation:							
Applicant's Name:							
Home Address:							
City:		State:			Zip:		
Home Phone:		Cell Phone:					
<b>A photo copy of your driver's license must be attached to this application</b>					Check here to indicate you have attached a copy of your driver's license		<input type="checkbox"/>
Has applicant, partners, officers of the company ever been convicted of any misdemeanors or crimes:					<input type="checkbox"/> Yes If YES, describe in Comments Section at end		
Is property owned by Applicant (Circle):		Yes	No	If NO, fill in owner(s) information below			
Owner Name:		Address:					
City:		State:			Zip:		
Phone:		Cell Phone:					
Business Owners Name:				If Same as Applicant skip next two lines			
City:		State:			Zip:		
Does Owner / Operator presently possess any state or local license - Business or Professional					<input type="checkbox"/> Yes If YES, describe in Comments Section		
Applicant Comments:							
I certify that all information & statements herein are true and correct to the best of my knowledge							
Printed Name:							
Signature:							

**PLEASE PRINT LEGIBLY**

<b>Township of Maple Shade Police Police &amp; Fire Emergency Business Listing Non-Emergency (856) 234-8300</b>				<b>POLICE DEPARTMENT USE ONLY</b>	
				<input type="checkbox"/> New <input type="checkbox"/> Update	
Date:		Name of Business:			
Physical Business Address:					
City:		State:		Zip:	
Business Phone:		Business Fax:			
Type of Business:				Total Occupancy:	
Email Address: (you may list more than one)					
Hours of Operation:					
Business Owner:		Home Address:			
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Is Property Owned by Applicant (Circle One):		YES	NO	<i>If not, fill in answers below</i>	
Property Owner Name:		Street Address:			
City:		State:		Zip:	
Home/Bus. Phone:		Cell Phone:			
<b>Protection Systems and Special Circumstances (Check all that apply)</b>					
<input type="checkbox"/>	Fire Alarm	<input type="checkbox"/>	Building Sprinkler	Video Surveillance Recording: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> None	
<input type="checkbox"/>	Burglar Alarm	<input type="checkbox"/>	Range / Cooking	Other:	
<input type="checkbox"/>	Hold-Up Alarm	<input type="checkbox"/>	Knox Box	Name & Phone # of Alarm / Monitoring Company:	
<input type="checkbox"/>	Panic Alarm	<input type="checkbox"/>	Hazardous Materials		
Comments:					
<b>Emergency Contact List (List in order of preference - (Repeat Owner Info as an Emergency Contact if Desired))</b>					
	Name	Address		Phone #	
1					
2					
3					
4					
Name of Person Completing Form:					
Signature of Person Completing Form:				Date:	

**PLEASE PRINT LEGIBLY**

Grease Trap / Interceptor Application – p.1

**FOOD ESTABLISHMENT DISCHARGE LICENSE APPLICATION – FORM 160-8**

*A separate application must be submitted for each grease trap / interceptor at an establishment  
Failure to complete the form in its entirety may extend the registration process and delay issuance of the Mercantile License.*

Establishment Name: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Please Check One:  First Time Application  Renewal

Please complete the following for EACH installed grease trap *(first time applicants only)*

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Type:  Indoor  Outdoor

Specific Location: \_\_\_\_\_

**Which best describes how often the grease trap is cleaned:**

Weekly  Monthly  Quarterly  Other: \_\_\_\_\_  
*(please explain)*

**When your indoor grease trap is cleaned, how is the waste disposed of?**

Trash  Mix with grease stored on the premises *(i.e. fryolater grease)*  
 Contractor/Licensed Renderer

**Name of Grease Trap / Interceptor Maintenance Company *(if applicable)*:**

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Contractor License # *(if applicable)*: \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

Grease Trap / Interceptor Application – p. 2

**Do you use additives such as bacteria or enzymes in your grease traps, floor drains, sewer lines etc. to help them?**

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

**Please check each of the items below that are present in your establishment:**

	<b>Equipment</b>	<b>Total Number of Each</b>
	Fryolators	
	Grills	
	Ovens	
	Tilt Kettles	
	Garbage Disposals	
	Three Bay Sink	
	Two Bay Sink	
	Dishwasher	
	Mop Sink	

**Do you share a common grease interceptor with other facilities?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, who owns the facility or is responsible for the maintenance:*

Facility Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Authorized Owner / Representative Date

\_\_\_\_\_  
Printed Name of Authorized Owner / Representative

***A copy of the most recent paid receipt for clean-out or a copy of your establishments clean-out log for all traps / interceptors must accompany this application. Application will not be accepted otherwise.***

*Check or Money Order in the amount of \$50.00 should be made payable and submitted to:*

*Township of Maple Shade  
Attn: Township Clerk  
200 Stiles Avenue  
Maple Shade, NJ 08052*

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Approved:  Yes

Certificate Issued By: \_\_\_\_\_

No

Date of Issue: \_\_\_\_\_