

**Mercantile License Application**

**2019 Application: New or Renewal Fee \$125.00, Late Fee \$125.00, Transfer Fee \$10.00, Pool Tables \$50.00 each.**

Renewals are due by June 1, 2019. Fees are non-refundable. Please complete all information for public record even if this is a renewal and remit payment to the Borough of Ship Bottom. Please provide a copy of Sales Tax Certificate (if you haven't done so previously). No business is permitted to operate without a Mercantile License, unless otherwise exempted by Ship Bottom Borough ordinances. Violations are subject to penalty.

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

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ of business property.

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Open Year-Round: \_\_\_\_\_ Seasonal \_\_\_\_\_ (Check One). Months Open: \_\_\_\_\_

Proposed Hours of Operation: \_\_\_\_\_

Describe thoroughly the type of business to be conducted at the above address, what products will be stored and the quantity. (Outdoor Displays are not allowed)

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

Name, address and phone number of Property Owner, if different than applicant.

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

Name of Applicant: \_\_\_\_\_

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

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

In case of emergency, can you be reached at the above address and phone number?  yes  no

If no, list address and phone number where you can be reached: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Fed ID# \_\_\_\_\_

Has applicant ever been convicted of a crime or violation of a municipal ordinance? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Has your mercantile license ever been suspended or revoked for any reason? \_\_\_\_\_

If yes, explain. \_\_\_\_\_



HEADQUARTERS  
1621 Long Beach Boulevard  
Ship Bottom, NJ 08008  
www.ShipBottom.org/Police

EMERGENCY PHONE: 9-1-1  
(609) 494-1518  
Fax: (609) 494-3736

PAULF. SHARKEY  
Chief of Police

Dear Business Owner:

We are updating our 2019 Business Contact List and are requesting that you fill out the following information and hand it in with your mercantile license application. This information will only be made available to the Police and Fire Departments.

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

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

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

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

Owner's Address: \_ \_ \_ \_ \_

Owner's Home#: \_ \_ \_ \_ \_

Owner of Building (if different than business owner): \_\_\_\_\_

Building Owner's Home#: \_ \_ \_ \_ \_ Cell#: \_ \_ \_ \_ \_

After Hours & Off-Season Emergency Contact-PLEASE LIST AT LEAST TWO

Primary Contact-Name: \_ \_ \_ \_ \_

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

Home #: \_ \_ \_ \_ \_ Cell #: \_ \_ \_ \_ \_

Secondary Contact-Name: \_ \_ \_ \_ \_

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

Home #: \_ \_ \_ \_ \_ Cell #: \_ \_ \_ \_ \_

Working Alarm System Yes\_ No Video Surveillance Yes No

2019 Mercantile Application, Business Name: \_\_\_\_\_

Please sign the following statement, in accordance with the requirements of the Borough Code.

I am not in default or indebted or obligated to the Borough in any manner, except for taxes or water/sewer charges. My business will not violate the zoning ordinances of the Borough. The applicant acknowledges that the issuance of a mercantile license does not constitute a variance or waiver from the zoning or land development regulations of the Borough. All applicants or licensees are required to obtain any necessary zoning or land use permits in accordance with the applicable zoning and land use regulations of the Borough. I understand that any license or permit issued under the provisions of Chapter 5.04 of the Borough Ordinances may be revoked by the officer issuing such license after notice and hearing for any of the following reasons:

1. Fraud, misrepresentation or false statement contained in any application for license.
2. Fraud, misrepresentation or false statement in the conduct of any business or activity authorized by such license.
3. Any violation of Chapter 5.04.
4. Conviction of the licensee for any crime involving moral turpitude.
5. Conducting any business or activity licensed under this chapter, through the licensee himself or any of his agents, servants or employees, in any unlawful manner or in such a manner as to constitute a breach of the peace or a menace to the health, safety or general welfare of the public.
6. Conducting any business or activity not in compliance with the zoning or land use regulations of the Borough.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

Zoning/Construction Official: Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Zoning/Construction Official Signature:  
\_\_\_\_\_

This application is subject to the approval of the Licensing Official. Chapter 5.04 of the Borough Municipal Code shall be the regulations covering this license. A copy of the Ordinance is available in the Municipal Clerk's office.

\*\*\*\*\*

Approved: \_\_\_ Disapproved: \_\_\_ Date: \_\_\_\_\_ License No. \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**BOROUGH OF SHIP BOTTOM  
1621 LONG BEACH BOULEVARD  
SHIP BOTTOM, NEW JERSEY 08008**

**APPLICATION FOR FOOD HANDLING PERMIT**

(Yearly License: Applicant must file by **June 1<sup>st</sup>**.)

**PLEASE PRINT ALL INFORMATION:**

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

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

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

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Open (Please Check One)      Year Around: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Owner: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

We hereby apply to the Borough of Ship Bottom, New Jersey for a permit to conduct a Retail Food Handling Establishment. Enclosed is the permit fee of twenty-five (\$25.00) made payable to the Borough of Ship Bottom.

We agree to comply with all Ordinances of the Borough of Ship Bottom and the Laws of the State of New Jersey covering food handling establishments.

\_\_\_\_\_  
Owners Signature

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Inspector: \_\_\_\_\_

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

Permit No.: \_\_\_\_\_