



BOROUGH OF SHIP BOTTOM

GATEWAY TO LONG BEACH ISLAND

1621 Long Beach Boulevard

Ship Bottom, Ocean County, N.J. 08008

(609) 494-2171 or 2172 Fax (609) 361-8484

RE: Mercantile License Application

Dear Ms. Or Sir:

Please find enclosed an application for your Mercantile License. Answer all questions in full, if N/A, please mark as N/A. Please provide your Federal ID #. Also include a clear copy of your **Sales Tax Certificate** if you haven't done so previously, to be placed in a binder for the future. Make checks payable to the Borough of Ship Bottom in the amount of \$125.00. Your application and fee is due by **June 1st**.

For Business' that need a food handler's permit, (fee of \$25.00), the application is enclosed, or available at the Clerk's office. For those business' that have pool tables, please include the appropriate fee, (\$50.00 per table). I have enclosed an Emergency Sheet that needs to be filled out in full and returned to me. I will forward this to the Police and Fire Department.

If I can be of further assistance, don't hesitate to contact me. 609-494-2171 X116 or sbclerk@comcast.net.

Kathleen Wells, RMC
Municipal Clerk



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1621 Long Beach Boulevard
Ship Bottom, Ocean County, N.J. 08008
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Mercantile License Application

20___ Application: New or Renewal Fee \$125.00, Transfer Fee \$10.00, Late Fee \$125.00

Renewals are due by **June 1st**. 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. _____

20____ 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
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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 1st.)
(Seasonal License: Applicant must file prior to opening date.)

PLEASE PRINT ALL INFORMATION:

Date: _____

Name of Business: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Open: Year Around: _____ Seasonal: _____ (Please Check One)

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. _____

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



PAUL F. SHARKEY
Chief of Police

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

Dear Business Owner:

We are updating our 20__ 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 #: _____ Cell #: _____

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___