Mercantile License Application

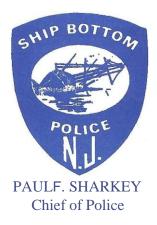
2019 Application: New or Renewal Fee \$125.00, Late Fee \$125.00, Transfer Fee \$10.00, Pool Tables \$50.00 each.

Renewals are due by <u>June 1, 2019</u>. 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 <u>Sales Tax Certificate</u> (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:					
	ot of business property.				
Mailing Address:					
Phone:	Fax:	Cell Phone:			
E-mail address:					
Manager's Name:					
		Check One). Months Open:			
Proposed Hours of Ope	eration:				
Describe thoroughly th	e type of business to be	conducted at the above address, what products			
will be stored and the quantity. (Outdoor Displays are not allowed)					
Name of Applicant:					
Home Address:					
Phone:	Cell Phone:				
		ne above address and phone number?yesno nu can be reached:			
Applicant's Fed ID#					
		or violation of a municipal ordinance?			
If yes, describe:					
•	ense ever been suspend	led or revoked for any reason?			
If ves. 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

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.					
am not in default or indebted or obligated to the Borough in any manner, except for taxes or vater/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 vaiver from the zoning or land development regulations of the Borough. All applicants or icensees 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:					
 Fraud, misrepresentation or false statement contained in any application for license. Fraud, misrepresentation or false statement in the conduct of any business or activity authorized by such license. Any violation of Chapter 5.04. Conviction of the licensee for any crime involving moral turpitude. 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 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:					
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 Ordinans 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 <u>June 1st</u>.)

PLEASE PRINT ALL INFOR	MATION:	
Date:		
Name of Business:		
Business Address:		
Business Phone:		Cell Phone:
Open (Please Check One)	Year Around:	Seasonal:
Owner:		
Address:		
Phone:	Ce	ell Phone:
E-mail:		Fax:
	t. Enclosed is the perr	ew Jersey for a permit to conduct a Retail nit fee of twenty-five (\$25.00) made payable
We agree to comply with all 0 of New Jersey covering food		ugh of Ship Bottom and the Laws of the State its.
		Owners Signature
Annancada	David	Owners Signature
Approved:	Denied:	
Inspector:		
Date:		
Permit No.:		