Office of the City Clerk City of Ventnor City 6201 Atlantic Ave Ventnor City, NJ 08406 (609) 823-7904

MERCANTILE LICENSE BUSINESS APPLICATION

Date:	
Paid:	
Bus Reg ID:	

☐ New Application ☐ Renewal/Update

1. Business/Trade Name:						
Owner - Legal or Corp. Name:						
Business Ph#Fax:	Email:					
2. Business Location:		Leased Space:	Yes	No		
3. Billing address:						
City:State:				_		
Emergency Contact:Phone:						

ALL Businesses must be registered with the State of NJ and inspected by Fire Prevention, call 609 823-7942.						
4. TYPE OF BUSINESS Must include a copy of your NEW JERSEY BUSINESS REGISTRATION and a VALID DRIVER'S LICENSE or PASSPORT for ALL BUSINESS OWNERS.						
Full Description of Business:(attach additional sheet if needed)				-		
Restaurants-Total seating: Health	Sanitation Report attac	ched				
Retail Business-Sq. Ft. of retail area: If handling food, Health Sanitation Report attached Commercial Rental						
(Rental of Office/Retail Space): Total square feet of rental space:						

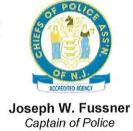
STATEMENT OF OWNERSHIP: (ALL APPLICANTS MUST COMPLETE)						
5. OWNERSHIP: (Check One)						
Name:	Ph#:	% owne	ership			
Address:	City:	State:	Zip: _			
Name:	Ph#:	%	ownership			
Address:	City:	State:_	Zip: _			
TRASH HAULER (address, phone#)						
Sign of the of Orange		Deter				
Signature of Owner:		Date:				
Owner/Applicant hereby states they are not in default, indebted or obligated to the City of Ventnor City except for current taxes, that the business/property is not in violation of any local ordinance and all information supplied is true and correct to the best of their knowledge and belief. (NOTE: State statute prohibits issuance of any mercantile license if owner is in default for real estate taxes, sewer charges, or any code violations.)						
Zoning Official:		Date:				
Fire Prevention Official:		Date:				
Code Enforcement Official:		Date:				
Municipal Clerk:		Date:				



VENTNOR CITY POLICE DEPARTMENT

DEPARTMENT OF PUBLIC SAFETY

6201 ATLANTIC AVENUE VENTNOR CITY, N.J. 08406 (609) 822-2101 – Fax: (609) 487-8682



BUSINESS REGISTRATION

	DATE:
BUSINESS	
NAME:	
ADDRESS:	
TELEPHONE #:	
WEBSITE:	
TYPE OF BUSINESS:	
OWNER INFORMATION	
NAME:	
ADDRESS:	
TELEPHONE #:	
EMAIL:	
ALARM COMPANY INFORMATION	
NAME:	
TELEPHONE #:	
EMERGENCY CONTACTS	
NAME:	
TELEPHONE #:	
NAME.	
NAME:	
TELEPHONE #:	
NAME:	
TELEDHONE #	