

**MERCANTILE LICENSE
BUSINESS APPLICATION**

New Application Renewal/Update

Date: _____
Paid: _____
Bus Reg ID: _____

1. Business/Trade Name: _____

Owner - Legal or Corp. Name: _____ Tax ID: _____

Business Ph# _____ Fax: _____ Email: _____

2. Business Location: _____ Leased Space: Yes No

3. Billing address: _____

City: _____ State: _____ Zip: _____ Phone _____

Emergency Contact: _____ Phone: _____

ALL Businesses must be registered with the State of NJ and inspected by Fire Prevention, call 609 823-7942.

CALL 609-823-7987 for Zoning & Code Enforcement

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 attached

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) Individual Partnership LLC Corporation in State of: _____

List name, residence, phone & % ownership of each owner or member:

Name: _____ Ph#: _____ % ownership _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Ph#: _____ % ownership _____

Address: _____ City: _____ State: _____ Zip: _____

TRASH HAULER (address, phone#)

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



Douglas H. Biagi
Chief of Police

Joseph W. Fussner
Captain of Police

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: _____

TELEPHONE #: _____

NAME: _____

TELEPHONE #: _____