

**CITY OF ATLANTIC CITY**

**DEPARTMENT OF LICENSING & INSPECTIONS  
REGULATORY DIVISION/MERCANTILE LICENSE SECTION  
CITY HALL – SUITE 120  
1301 BACHARACH BOULEVARD  
ATLANTIC CITY, NJ 08401-4603  
Telephone – (609) 347-5315  
Fax – (609) 347-6113**



**2016**

**APPLICATION FOR CONTRACTOR'S LICENSE RENEWAL**

Check here if your address has changed \_\_\_\_\_

CLASS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FEDERAL TAX ID NO. \_\_\_\_\_

STATE TAX ID NO. \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX \_\_\_\_\_

APPLICANTS NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)      APPLICANT'S SIGNATURE      DATE

To be considered complete, this Application must be submitted with the following:

1. A current Certificate of Insurance showing the City of Atlantic City as an additionally named insured and showing Workmen's Compensation coverage where applicable.
2. Indemnification and Hold Harmless Agreement.
3. Fee for Renewal: Class 1 Fee- \$150.00    Class 2 Fee- \$100.00

Receiving Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

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**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

**TO: THE CITY OF ATLANTIC CITY**

IN CONSIDERATION for the Issuance of a Construction Contractor License,  
pursuant to Ordinance No. 18 of 2009, the undersigned, \_\_\_\_\_  
residing at, \_\_\_\_\_

agrees to indemnify, defend, and hold harmless, the City of Atlantic City, its  
officials, officers, employees and agents from any and all liability, loss or damages  
it may suffer as a result of claims, demands, cost or judgments against it, arising  
out of its issuance of the aforesaid Construction Contract License and the acts of  
the undersigned or those acting on my behalf pursuant to said License.

The undersigned further agrees to maintain the insurance coverage(s) as mandated  
by Ordinance No. 18 of 2009, during the period of the above mentioned  
Construction License.

I, the Applicant person, have read the above and fully understand the content of  
same.

Applicant's Signature \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## **NOTICE**

### **INSURANCE REQUIREMENTS**

Please take note that you are required to submit a Certificate of Insurance in order to comply with the Contractors License Ordinance of the City of Atlantic City.

#### **Section 113-5 Insurance Required**

1. All persons holding a Class I or Class II Construction Contractor License, their agents and employees are required to be covered by a policy or policies of insurance. Said policy or policies shall name the City of Atlantic City as an additional named insured with respect only to liability coverage afforded by the policy or policies insuring against bodily injury and property damage in the amount to be determined by the City, with a minimum amount of one million dollars (\$1,000,000.) per occurrence. The city of Atlantic City shall also be named as certificate holder. Said certificate of insurance shall be submitted with the application of license.
2. Said liability insurance shall be the comprehensive general liability form and may include premises operations and independent contractors, products/complete operations, explosion, collapse and underground hazard, broad form property damage and blanket contractual.
3. A certificate of insurance for Workers' Compensation shall also be provided to the City. A certificate of insurance shall be submitted to the Mercantile Office prior to the issuance of a license.

**The above- mentioned Certificate of Insurance also must name the City of Atlantic City as an ADDITIONALLY NAMED INSURED as per liability insurance.**

An Indemnification and Hold Harmless Agreement must also be filed with the City.

Failure to comply with the above is a violation of the Administration Code, Chapter 113, et al.

**NOTE: If at anytime a material fact changes on your license, i.e., change of address, phone, name change, etc., you are required to file these changes with the Mercantile License Division within thirty (30) days of that change, by filing an amended Application. Failure to submit an amended application within (30) days of any change is cause for suspension or revocation of your license.**

### **Expiration and renewal**

- A. Every license issued hereunder shall automatically expire on March 1 following the date of issuance of such license. Licenses may be renewed upon a written application and payment of the prescribed fee without re-examination. Such application must be made within thirty (30) days after the expiration of any license.**