



# CITY OF ATLANTIC CITY

## MERCANTILE SECTION

CITY HALL • ROOM 120 • ATLANTIC CITY, NJ 08401

TELEPHONE: 609-347-5315 or 609-347-5316

FAX: 609-347-6113



### MULTIPLE VENDOR LICENSE CHECK LIST

This Application must be filed with the Mercantile License Division.

*Please check the box next to each item on the list after you complete that requirement.*

MERCANTILE CHECK-OFF	APPLICANT CHECK-OFF	
<input type="checkbox"/>	<input type="checkbox"/>	Mercantile Business License Application (Notarized)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Incorporation, LLC or Trade Certificate
<input type="checkbox"/>	<input type="checkbox"/>	List of Corporate Officers (Minutes from meeting)
<input type="checkbox"/>	<input type="checkbox"/>	Tax Identification letter of Notification (IRS CP 575)
<input type="checkbox"/>	<input type="checkbox"/>	New Jersey Business Registration
<input type="checkbox"/>	<input type="checkbox"/>	Valid Photo Identification
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Authorization / Agreement
<input type="checkbox"/>	<input type="checkbox"/>	NJ Certificate of Authority to Collect Taxes
<input type="checkbox"/>	<input type="checkbox"/>	Division of Health Certificate (If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Non-refundable Application Fee of \$25.00 Non-refundable Application Fee of \$40.00 (If Division of Health approval is necessary) <i>(Please make check payable to: "City of Atlantic City")</i>
<input type="checkbox"/>	<input type="checkbox"/>	Mercantile Division Inspection (Walk Through)

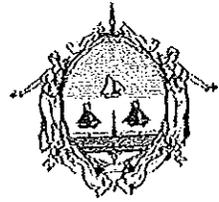
Upon **application approval** the applicant must pay Mercantile License Fee \$100.00 per Vendor  
*(Please make check, payable to the "City of Atlantic City")*

A full reading of Chapter 170 of the Atlantic City Code should answer any and all questions.

*For further assistance, please call (609) 347-5315 or (609) 347-5316*

**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**



**MULTIPLE VENDOR LICENSE APPLICATION**

**THIS IS NOT A LICENSE TO OPERATE - THIS IS AN APPLICATION ONLY**

*The application fee is non-refundable*

**\$25.00 - Application Fee**

**\$40.00 - Application Fee if Division of Health approval is needed**

**\$100.00 Fee - Per Vendor**

Application is hereby made to operate a Multiple Vendor Licensed ("MVL") Event in the City of Atlantic City and the following statements are made to the end that said License may be granted.

1. Trade Name of Business: \_\_\_\_\_
2. Corporate Name of Business: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Business Telephone: \_\_\_\_\_ Residential/Cell Telephone: \_\_\_\_\_
5. State Tax ID Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_
6. List the following information for individuals, partners or officers of corporation (attach separate paper if needed) and attach corporate documents or certification. Photo identification, along with social security card, passport or naturalization papers is needed to process this application.

Name	Residence	Date of Birth	SSN	Position Held
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_____
_____
_____

7. Address of Site for which application is being made, if any:  
\_\_\_\_\_

8. Describe the type of Event for which this application is being made.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you own or are you leasing premises where event will be held:  Own  Leasing

Multiple Vendor License Application

10. If leasing, attach copy of lease agreement or letter of agreement from person/organization allowing you to use this site.

12. Has anyone named in this application ever been convicted of any crime in this State or any other State? \_\_\_\_\_

If yes, list offense and date of conviction \_\_\_\_\_, Sentence \_\_\_\_\_,

Fine \_\_\_\_\_, Time Served: \_\_\_\_\_ Fine Paid: \_\_\_\_\_

13. State experience, if any, applicant has had in the operation of the business described for which you are filing this application or any like experience which would qualify you for operation of said multiple vendor license.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List vendors that will be participating on attached sheets.

*Note: If you need to add vendors to your initial listing, please use a copy of your initial submission. You will need to submit a check made payable to "The City of Atlantic City" in the amount of \$100.00 for each vendor added.*

I hereby acknowledge that the MVL Event at the designated location described in this application may not operate unless and until the MVL is issued and conspicuously displayed on the licenses premises.

I am aware that the business and/or its' owners may be fined up to \$500.00 per day for each day the event operates without a license, and fined \$500.00 for each unlisted vendor found to be operating at said MVL Event and/or designated location.

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being of full age and being duly sworn according to law upon my oath deposes and says:

I represent that all statements made herein are of my personal knowledge and are true. I realize that any statements made which are willfully false may subject me to punishment.

\_\_\_\_\_  
Signature of Applicant

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Receiving Clerk / Date

**Multiple Vendor License Application**

1. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

2. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

3. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

4. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

5. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

**Note: If you need to add vendors to your initial listing, please use a copy of this submission or attach additional sheets. You will need to submit a check made payable to "The City of Atlantic City" in the amount of \$100.00 for each vendor added.**

**Multiple Vendor License Application**

6. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

7. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

8. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

9. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

10. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

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**Multiple Vendor License Application**

11. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

12. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

13. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

14. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

15. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

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Multiple Vendor License Application

16. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

17. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

18. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

19. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

20. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Type of Business: \_\_\_\_\_

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