



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



LICENSE MERCANTILE BUSINESS OWNER APPLICATION (LMBO)

LICENSING PERIOD AUGUST 1 THRU JULY 31

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"/> | New Jersey Business Registration |
| <input type="checkbox"/> | <input type="checkbox"/> | Valid Photo Identification |
| <input type="checkbox"/> | <input type="checkbox"/> | Lease or Deed |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Land Use Compliance |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Occupancy (If Applicable) |
| <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 the "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 \$200.00
(Please make check payable to the "City of Atlantic City")

A full reading of Chapter 170 of the Atlantic City Code (www.cityofatlanticcity.org) should answer any and all questions you may have.

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

CITY OF ATLANTIC CITY



MERCANTILE LICENSE SECTION

CITY HALL - ROOM 120
130J BACHARACH BOULEVARD
ATLANTIC CITY, N.J. 08401
TELEPHONE (609) 347-5315
TELECOPIER (609) 347-6113

APPLICATION FOR MERCANTILE LICENSE

**THIS IS NOT A LICENSE TO OPERATE - THIS IS AN APPLICATION ONLY
(APPLICATION FEE IS NON-REFUNDABLE)**

APPLICATION IS HEREBY MADE TO THE CITY OF ATLANTIC CITY TO OPERATE A MERCANTILE BUSINESS IN THE CITY OF ATLANTIC CITY AND THE FOLLOWING STATEMENTS ARE MADE TO THE END THAT SAID LICENSE MAY BE GRANTED:

APPLICATION FEE: \$25.00 - IF FOOD IS TO BE SOLD: \$40.00.

1. TRADE NAME OF BUSINESS _____

2. CORPORATE NAME OF BUSINESS _____

3. STATE TAX ID NUMBER: _____ FEDERAL TAX ID NUMBER: _____

4. LIST THE FOLLOWING INFORMATION FOR INDIVIDUALS, PARTNERS OR OFFICERS OF CORPORATION (ATTACH SEPARATE PAPER IF NEEDED) (ATTACH COPY OF CORPORATE DOCUMENTS OR CERTIFICATION) (PHOTO IDENTIFICATION ALONG WITH SOCIAL SECURITY CARD, PASSPORT OR NATURALIZATION PAPERS ARE NEEDED TO PROCESS APPLICATION)

NAME	RESIDENCE	DATE OF BIRTH	SOCIAL SECURITY NO.	CORPORATE POSITION HELD

5. ADDRESS OF LOCAL BUSINESS SITE FOR WHICH APPLICATION IS BEING MADE, IF ANY: _____

6. BLOCK # _____ LOT # _____ (ATTACH LAND USE CERTIFICATE) (ATTACH CERTIFICATE OF OCCUPANCY OR CONTINUED CERTIFICATE OF OCCUPANCY)

7. ADDRESS OF BUSINESS IF NOT LOCATED IN ATLANTIC CITY: _____

8. BUSINESS TELEPHONE: _____ RESIDENTIAL/CELL TELEPHONE: _____

9. DESCRIBE THE TYPE OF BUSINESS FOR WHICH THIS APPLICATION IS BEING MADE: (FOR FOOD BUSINESS ATTACH HEALTH CERTIFICATE): _____

10. OWN OR LEASE PREMISES: _____ (ATTACH COPY OF LEASE)

IF LEASING, STATE LENGTH OF TERM ON LEASE: _____

11. NAME OF PARTY NAMED AS LESSEE IN SAID LEASE: _____

12. NAME AND ADDRESS OF LEESOR: _____

13. HAS ANYONE NAMED IN THIS APPLICATION EVER BEEN CONVICTED OF ANY CRIME IN THE STATE OR ANY OTHER STATE? _____ OFFENSE AND DATE OF CONVICTION _____

SENTENCE: _____ FINE: _____ TIME SERVED: _____ FINE PAID: _____

14. 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 BUSINESS: _____

I HEREBY ACKNOWLEDGE THAT THE BUSINESS DESCRIBED IN THIS APPLICATION MAY NOT OPERATE UNLESS AND UNTIL THE MERCANTILE LICENSE IS ISSUED AND CONSPICUOUSLY DISPLAYED ON THE LICENSED PREMISE.

I AM AWARE THAT THE BUSINESS AND/OR ITS OWNERS MAY BE FINED UP TO \$500.00 PER DAY FOR EACH DAY THE BUSINESS OPERATES WITHOUT A LICENSE, AND THAT AN UNLICENSED BUSINESS MAY BE ORDERED CLOSED IF IT OPERATES WITHOUT SUCH LICENSE.

AFFIDAVIT

STATE OF NEW JERSEY
COUNTY OF ATLANTIC

_____ OF FULL AGE BEING DULY SWORN ACCORDING TO LAW UPON HIS/HER OATH DEPOSES AND SAYS:

I REPRESENT THAT ALL STATEMENTS MADE HEREIN ABOVE 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 _____, 200_____

NOTARY PUBLIC OF NEW JERSEY

RECEIVING CLERK'S NAME (PRINT)

SIGNATURE OF RECEIVING CLERK (DATE)