

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**



CHECKLIST - MERCANTILE LICENSED BUSINESS APPLICATION – CASINO HOTEL LICENSING PERIOD – AUGUST 1 THROUGH JULY 31

This Application must be filed with the Mercantile License Section

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

MERCANTILE CHECK-OFF	APPLICANT CHECK-OFF	
_____	_____	Mercantile Business Owner License Application (w/attachment)
_____	_____	Non-refundable Mercantile Business Owner Application Fee - \$25.00, or
_____	_____	Non-refundable Mercantile Business Owner Application Fee - \$40.00 if the Division of Health approval is required..
_____	_____	New Jersey Business Registration
_____	_____	Casino Control Commission Casino License
_____	_____	Valid Photo Identification
_____	_____	Lease or Deed
_____	_____	Certificate of Land Use Compliance
_____	_____	Construction Approval (CCO, CO, TCO)
_____	_____	Division of Health Certificate (if applicable)
_____	_____	Mercantile License Section Inspection

Upon approval of this application the applicant must pay:

\$200.00 – Mercantile Licensed Business Fee plus other fees that may apply in accordance with the City Code.

Please make your check or money order payable to the “City of Atlantic City”

Should you wish to view the City Code please go to: www.cityofatlanticcity.org.

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

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APPLICATION FOR MERCANTILE LICENSED BUSINESS – CASINO HOTEL

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

Application Fee - \$25.00

If food is to be sold - \$40.00

APPLICATION IS HEREBY MADE TO THE CITY OF ATLANTIC CITY TO OPERATE A MERCANTILE LICENSED BUSINESS 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. STATE TAX ID NUMBER: _____ FEDERAL TAX ID NUMBER: _____
4. LIST THE FOLLOWING INFORMATION FOR INDIVIDUAL APPLICANTS, IF APPLICANT IS A PARTNERSHIP, LLC OR CORPORATION, LIST PARTNERS, MEMBERS, OR OFFICERS OF ENTITY AS APPROPRIATE. **(ATTACH SEPARATE SHEET IF NEEDED)**

NAME	RESIDENCE	CORPORATE POSITION (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

6. BLOCK: _____ LOT: _____ (ATTACH CERTIFICATE OF LAND USE COMPLIANCE AND CERTIFICATE OF OCCUPANCY OR CONTINUED CERTIFICATE OF OCCUPANCY)

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

8. BUSINESS TELEPHONE NUMBER: _____
RESIDENTIAL OR CELL TELEPHONE: _____

9. DESCRIBE THE TYPE OF BUSINESS FOR WHICH THIS APPLICATION IS BEING MADE. IF FOOD IS BEING SOLD, THIS APPLICATION WILL BE FORWARDED TO THE HEALTH DEPARTMENT FOR THEIR INSPECTION AND THE ISSUANCE OF A HEALTH CERTIFICATE. _____

10. DO YOU OWN OR LEASE PREMISES: _____ (IF LEASE, ATTACH A COPY OF YOUR LEASE).
11. HAS ANYONE NAMED IN THIS APPLICATION BEEN CONVICTED OF ANY CRIME IN THIS STATE OR ANY OTHER STATE? _____. IF YES, STATE OFFENSE AND DATE OF CONVICTION
- _____
- _____
- SENTENCE _____ FINE _____ TIME SERVED _____ FINE PAID _____

ATTEST

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.

I also acknowledge that I am the authorized representative of the applicant upon which service of a notice of violation of any city, state or federal ordinance, regulation or law shall be made.

Print Name of Person Signing

Signature of Applicant

Address of person signing application: _____

For use by Mercantile Section – Clerical Staff

Date Application Received: _____ Received by: _____

Date forwarded to Health Department (if necessary): _____

Date returned from Health Department with copy of Health Certificate _____

FINAL APPROVAL: _____ Date Approved: _____
Assistant Director of Licenses

Invoice generated by: _____ Date: _____

PLEASE COMPLETE THE ATTACHED.
INFORMATION SUPPLIED WILL BE CONFIRMED DURING MERCANTILE'S INSPECTION.
ONCE INSPECTED YOU WILL BE SENT NOTIFICATION AS TO THE AMOUNT DUE FOR YOUR
MERCANTILE LICENSE

Hotel Rooms	No. of Rooms _____ x \$10.00	\$ _____
Parking Spaces	No. of Spaces Contiguous to the Casino Hotel	
	No. of Spaces _____ x \$2.00	\$ _____
All other spaces	1 or 2 No Charge	
	3 to 15	\$75.00
	16 to 50	\$125.00
	51 to 100	\$225.00
	101 +	\$225.00 plus \$3.00 per each additional parking space
	Total Number of parking spaces _____	\$ _____

By signing and submitting this application you acknowledge this is an application only and not a Mercantile License to operate. Should this business be open for operation prior to the issuance of a Mercantile License, the business and/or the owner may be fined up to \$500.00 per day for each day the business operates without a Mercantile License and may be ordered to cease all operations.

For use by the Mercantile Section - Inspectors

Inspected by: _____ Date: _____
License Inspector

Reviewed and approved by: _____ Date: _____
Chief License Inspector

or

Reviewed and approved by: _____ Date: _____
Assistant Director of Licenses