



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

CONTRACTOR'S LICENSE REQUIREMENTS PLEASE COMPLETE ALL REQUIREMENTS

1. Call your insurance agent and have them FAX a Certificate of General Liability Insurance, naming the **City of Ocean City** as a certificate holder. **The FAX number is (609)525-2496**. It may also be emailed to Licensing@ocnj.us. The City requires a minimum of \$300,000 of liability insurance, for all contractors, except demolition and bulkhead contractors which are required to have a minimum \$1,000,000 of liability insurance.
2. Fill out the Contractor License Application and return it by mail or in person to the Licensing Office with the following:
 - A. If your business is a corporation or a LLC, please include a copy of your approved corporate or LLC papers. **If your corporation or LLC uses a fictitious or alternate name include paperwork from the Secretary of the State giving you authorization to use that name.**
 - B. If you are a sole proprietor or a partnership in New Jersey and using a trade name, include a copy of your approved "Trade Name Registration" from your county clerk's office.
 - C. If you are a sole proprietor or partnership from Pennsylvania, include a copy of your "Fictitious or Alternate Name Registration" which must be obtained from Harrisburg.
 - D. If you collect sales tax, enclose a copy of your New Jersey Sales & Use Tax Certificate issued by the Division of Taxation.
 - E. Enclose a check for the correct fee made out to the *City of Ocean City*. The fees are as follows:

1.	General Contractor	\$450.00	4.	Bulkhead & Piling	\$300.00
2.	Contractors/Subcontractors	\$225.00	5.	Moving/Hauling	\$300.00
3.	Handyman	\$225.00	6.	Signs	\$300.00

**WE MUST RECEIVE ALL REQUIRED DOCUMENTS AND
YOUR PAYMENT AT THE SAME TIME.
PLEASE REMEMBER TO SIGN YOUR APPLICATION!**

If you have any questions, please contact the Licensing Office at 609-399-6111 x9701.

LICENSING OFFICE
115 12th STREET, OCEAN CITY, NJ 08226
609-399-6111 EXT 9701 FAX: 609-525-2496
Licensing@ocnj.us www.ocnj.us

CONTRACTOR LICENSE APPLICATION

LICENSE NO _____

CITY OF OCEAN CITY
LICENSING OFFICE
115 12TH STREET
OCEAN CITY, NJ 08226

PHONE: 609-399-6111 EXT 9701
FAX: 609-525-2496
EMAIL: LICENSING@OCNJ.US
WWW.OCNJ.US

BUSINESS INFORMATION

BUSINESS NAME: _____

OWNER'S NAME: _____
Individual or Partners, Corporation or LLC Name

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL # _____ FAX # _____

EMAIL ADDRESS: _____

BUSINESS OWNER'S INFORMATION

Individuals list owner's name; for partnership list both parties. For corporation list either an officer or registered agent upon whom process may be served.

OWNER'S NAME(S): _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX NO: _____ TAX ID/SS # _____

TYPE OF CONTRACTOR: _____

BUSINESS CLASSIFICATION (CHECK ONE):

INDIVIDUAL: _____ PARTNERSHIP: _____ CORPORATION: _____ LLC: _____ OTHER: _____

NUMBER OF VEHICLE STICKERS REQUESTED: _____ (MUST BE PLACED ON VEHICLES WORKING IN CITY)

SIGNATURE OF APPLICANT _____

MAIL INVOICE: OWNER ADDRESS _____ BUSINESS ADDRESS _____

FOR OFFICE USE ONLY

MEMO _____

INSURANCE CERT	YES ___ NA ___	TRADE NAME RECEIVED	YES ___ NO ___
SALES TAX CERTIFICATE	YES ___ NA ___	CORP/LLC DOCUMENTS REC'D	YES ___ NO ___
STATE LICENSE	YES ___ NA ___	ALTERNATE NAME REG REC'D	YES ___ NO ___
OTHER	_____		

LICENSING APPROVAL _____
ISSUED _____

LICENSE FEE: \$ _____
OCTD ASSESSEMENT: \$ _____
LATE FEE: \$ _____
TOTAL AMOUNT DUE: \$ _____
CHECK NUMBER: _____

MAKE CHECKS PAYABLE TO: CITY OF OCEAN CITY