



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

BUSINESS LICENSE REQUIREMENTS

INCLUDES FOOD ESTABLISHMENTS, MARINAS, AMUSEMENTS, LODGING, RETAIL, GENERAL BUSINESS ETC.

1. **Complete the Pre-Application form and submit it to the Licensing Office. This form is to obtain an approval from the Zoning Office to operate your particular type business at your specific location.**
2. **Within two weeks, the Licensing Office will notify you of the decision and any requirements.**
3. If approved,
 - A. Contact the Construction Office 609-399-6111x9173 and the Zoning Office 609-399-6111x9758 for their requirements. No mercantile license will be issued until all requirements from these departments are completed.
 - B. Complete the Mercantile License Application and return to the Office of Licensing with the following.
 1. If your business is a corporation or a LLC, please provide a copy of your corporation or LLC formation papers. **NOTE:** If your corporation or LLC uses a fictitious or alternate name, you must include a copy of the paperwork issued by the Secretary of State giving your authorization to use that name.
 2. If you are a sole proprietor or a partnership in New Jersey and using a trade name, include a copy of your "Trade Name Registration" from the County Clerk's office where you registered that name.
 3. Food establishments must include a "Satisfactory Health Inspection Certificate". To schedule a health inspection, call the Cape May County Health Department at (609)465-1209.
 4. Certain businesses are required to furnish proof of general liability insurance (\$300,000 minimum). These businesses are party boats, marinas, jet ski operations, parasailing operations, boat rentals, marine towing, amusement parks, bike rentals & sidewalk cafes. Call your insurance agent and have them fax a certificate of insurance naming the City of Ocean City as the Certificate Holder, to (609)525-2496. Certificates must have been issued within the last 90 days. They can also be emailed to Licensing@ocnj.us.
 5. If you collect sales tax, a copy of your New Jersey sales tax certificate.
 6. Your check for the correct amount made payable to the *City of Ocean City*. If paying in person, we also accept credit cards and cash.
 7. If you are a public charity or private foundation exempt under section 501(c) (3), you must provide a copy of your determination papers.

If you have any question, please do not hesitate to contact, Licensing Office at (609)399-6111 x9701 or email to Licensing@ocnj.us .

ALL REQUIRED DOCUMENTATION AND FEES MUST BE RECEIVED AT THE SAME TIME. ANY INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

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

MERCANTILE LICENSE

PRE-APPLICATION CHECK OFF SHEET

- APPLICANT NAME: Your name, not the business name.
- APPLICANT ADDRESS: Your home address – not the business address.
- PHONE NUMBERS: Numbers you can be reached at.
- BLOCK, LOT, QUALIFIER: Obtained from property tax bill or landlord.
- SITE ADDRESS: Legal address of business location.
- MOST RECENT USE: List all of the most recent uses that you know of and last business at the location if known.
- PROPOSED USE: List all of the uses you are proposing and the name you plan to use.
- OTHER USES THAT WILL BE AT THIS LOCATION: Other than your's.
- HOURS & DAY OF OPERATION: (ie: 7 days a week, 9:30am to 6:00pm)
- PROPOSED REVOVATIONS OR CHANGES
- # OF PARKING SPACES: On the property, not the street
OF SPACES ELSEWHERE: Do you own or lease spaces somewhere.
- SQ. FT. OF RETAIL AREA: Not restrooms, storage or lot size
- # OF RENTABLE ROOMS: Refers to guest rooms in B&B, guest house, hotel, motel, rooming or boarding house.
- # OF RENTABLE APARTMENTS: includes efficiencies.
- # OF SEATS: For restaurants, deli's etc.
- GREATEST NUMBER OF OWNERS/EMPLOYEES PER SHIFT.
- APPLICANT'S SIGNATURE/TITLE: Owner, President, Vice President, Manager etc.
- COMMENTS/NOTES: Description of business

CITY OF OCEAN CITY
OFFICE OF LICENSING
115 12TH STREET, OCEAN CITY, NJ 08226
PHONE (609) 399-6111 X9701 FAX (609) 525-2496 LICENSING@OCNJ.US

PRE-APPLICATION FORM FOR MERCANTILE LICENSE

****PLEASE PRINT****

NEW CHANGE OF LOCATION CHANGE OF OWNERSHIP ON FILE RECORD

APPLICANT NAME _____ DATE _____

APPLICANT ADDRESS _____

PHONE NUMBER: BUSINESS _____ CELL _____

EMAIL _____

BLOCK _____ LOT _____ QUAL _____ SITE ADDRESS _____

PROPERTY OWNER'S NAME _____

MOST RECENT USE(S) _____

PROPOSED USE(S)/NAME _____

DAYS & HOURS OF OPERATION _____

OTHER USES THAT WILL BE AT THIS LOCATION (EVEN IF YOU ARE NOT INVOLVED) _____

PROPOSED RENOVATIONS OR CHANGES (PROVIDE A SURVEY & AN INTERIOR LAYOUT PLAN SITE PLAN IF REQUIRED BY ZONING OFFICIAL) _____

OF PARKING SPACES _____ # OF SPACES ELSEWHERE _____ OWNED
Off Street At another location LEASED
SQ. FT. OF RETAIL AREA _____ # OF GUEST ROOMS _____ APTS _____ OWNER UNIT(S) _____
OF SEATS _____ GREATEST # OF OWNERS/EMPLOYEES PER SHIFT _____
Food Establishment

*****Please note: Zoning & Construction Permits are required for all license applications *****

APPLICANT'S SIGNATURE & TITLE _____

COMMENTS/NOTES _____

THIS OFFICE WILL NOTIFY YOU OF THE DECISION, USUALLY IN TWO (2) WEEKS

FOR OFFICIAL USE ONLY

(1) ZONING: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____

(2) CODE OFFICIAL: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____

(3) BUSINESS ADMINISTRATOR: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____

(4) NOTIFICATION GIVEN _____

(5) MERCANTILE LICENSE NUMBER _____ ISSUE DATE _____

MERCANTILE 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

BLOCK _____ LOT _____ QUALIFIER _____

BUSINESS NAME: _____

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

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL # _____ FAX # _____

EMAIL ADDRESS: _____

PROPERTY OWNER'S NAME & ADDRESS _____
ie: Landlord

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: _____ HOME PH: _____

TAX I.D. NUMBER OR SS#: _____

BUSINESS CLASSIFICATION (CHECK ONE):

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

GENERAL LIABILITY INSURANCE AGENCY NAME: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____

FOR RETAIL/WHOLESALE BUSINESSES, FOOD ESTABLISHMENTS, ROOMING/GUEST HOUSES, & RENTAL PROPERTIES

RETAIL SQUARE FOOTAGE: _____ RESTAURANT – NUMBER OF SEATS: _____

NUMBER OF GUEST ROOMS: _____ NUMBER OF RENTAL APARTMENTS: _____

NUMBER OF VENDING MACHINES: _____ SIDEWALK CAFÉ _____

SIGNATURE OF APPLICANT _____

MAIL INVOICE: OWNER ADDRESS _____ BUSINESS ADDRESS _____

FOR OFFICE USE ONLY

MEMO _____

INSURANCE CERT YES ___ NA ___ TRADE NAME RECEIVED YES ___ NO ___
HEALTH DEPT INSPECT YES ___ NA ___ CORP/LLC DOCUMENTS REC'D YES ___ NO ___
SALES TAX CERTIFICATE YES ___ NA ___ ALTERNATE NAME REG REC'D YES ___ NO ___
CONSTRUCTION DEPARTMENT APPROVAL _____ ZONING DEPARTMENT APPROVAL _____

OTHER _____

PRE APPLICATION APPROVAL _____
MERCANTILE ISSUED _____

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

MAKE CHECKS PAYABLE TO: CITY OF OCEAN CITY