

**CITY OF OCEAN CITY  
DEPARTMENT OF COMMUNITY SERVICES  
OFFICE OF LICENSING  
PHONE (609) 399-6111 FAX (609) 525-2496  
PRE-APPLICATION FORM FOR MERCANTILE LICENSE  
\*\*\*\* PLEASE PRINT \*\*\*\***

**YOUR NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**YOUR ADDRESS:** \_\_\_\_\_

**PHONE NUMBERS: HOME** \_\_\_\_\_ **BUSINESS:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**BLOCK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_ **QUAL.:** \_\_\_\_\_ **SITE ADDRESS:** \_\_\_\_\_

**OWNER OF PROPERTY:** \_\_\_\_\_

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**MOST RECENT USE:** \_\_\_\_\_

**PROPOSED USE/S:** \_\_\_\_\_

**OTHER USES THAT EXIST AT THIS LOCATION:** \_\_\_\_\_

**PROPOSED RENOVATIONS OR CHANGES:** \_\_\_\_\_

**HOURS & DAYS OF OPERATION:** \_\_\_\_\_

**# OF PARKING SPACES:** \_\_\_\_\_ **# OF SPACES ELSEWHERE :** \_\_\_\_\_  LEASED  OWNED  
Off Street At another location

**SQ. FT. OF RETAIL AREA:** \_\_\_\_\_ **# of RENTABLE ROOMS:** \_\_\_\_\_ **# of APARTMENTS:** \_\_\_\_\_

**# OF SEATS:** \_\_\_\_\_ **GREATEST # OF OWNERS/EMPLOYEES PER SHIFT:** \_\_\_\_\_  
FOOD ESTAB.

**APPLICANT'S SIGNATURE/ TITLE:** \_\_\_\_\_

**COMMENTS/NOTES:**

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

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**FOR OFFICIAL USE ONLY**

**(1) ZONING: APPROVAL** \_\_\_\_\_ **REJECTION** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REASON FOR REJECTION:** \_\_\_\_\_

**(2) CODE OFFICIAL: APPROVAL** \_\_\_\_\_ **REJECTION** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REASON FOR REJECTION:** \_\_\_\_\_

**(3) DIR. OF COMM. OPERATIONS.: APPROVAL** \_\_\_\_\_ **REJECTION** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**(4) NOTIFICATION GIVEN:** \_\_\_\_\_

**(5) MERCANTILE LICENSE NUMBER:** \_\_\_\_\_ **ISSUE DATE:** \_\_\_\_\_

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