

# ***Business Registration Application***

## **Somers Point City Clerk's Office**

New

Renewal

Location Change

Business Registration required for all businesses not otherwise subject to licensing and regulation under Chapter 169 or Chapter 174 of the Code of the City of Somers Point.

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_ **NJ State Tax ID Number:** \_\_\_\_\_

Owners name, address, and phone number; if a corporation, name, address and phone of president and secretary; if a partnership, name, address and phone number of all partners; if an LLC, name, address, and phone number of all managing members: \_\_\_\_\_

If applicant is not the owner of the business premises please provide: name, address, phone number of landlord or managing agent of property: \_\_\_\_\_

**Manager/Supervisor Name and Address:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**If a corporation, name and address of Registered Agent. Attach copy of Good Standing Certificate.**

**Occupancy Load** \_\_\_\_\_

**Number of Exits** \_\_\_\_\_

**Number of Curbs Cuts** \_\_\_\_\_

**Number of Parking Spaces** \_\_\_\_\_

**Size of Lot** \_\_\_\_\_

**Zoning Designation** \_\_\_\_\_

**Number of Persons Employed** \_\_\_\_\_

**Date of Last Fire Inspection** \_\_\_\_\_

**Are Sprinklers Required?** \_\_\_\_\_

**Date of Last Health Inspection** \_\_\_\_\_

Any changes from previous use? \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Registration of alarm with Somers Point Police Department: \_\_\_\_\_

Any outstanding zoning or planning violations? \_\_\_\_\_

Representation that all real estate taxes are paid and current. \_\_\_\_\_

**ANY CHANGES TO THE ABOVE SHALL BE REPORTED WITHIN TWENTY (20) DAYS OF THE EVENT. ALL BUSINESSES MUST COMPLY WITH THE RECYCLING ORDINANCE.**

**Fee: \$100.00 annually; After June 30: \$50.00; Late Fee \$35.00**

**Make checks payable to "City of Somers Point"**

If you are a 501©, submit an application along with a copy of a valid letter from the IRS verifying the not for profit status and a copy of a current good standing certificate issued by the State of New Jersey. Upon presentation of these attachments, the annual fee shall be waived.

\_\_\_\_\_ duly sworn that he/she is the individual making the business registration filing and that the answers to the questions contained therein are true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
New Jersey Notary Public  
(Seal)

Attachments:

- Certificate of Occupancy
- Emergency Contact Police Form
- Late Fee, if applicable
- Fee Amount
- Copy of State License

Received by the City Clerk: \_\_\_\_\_

Forwarded to Zoning Officer: \_\_\_\_\_

\_\_\_\_\_  
Lucy R. Samuelson, RMC/CMR, City Clerk

Report of Zoning Officer:  APPROVED  DENIED

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

\_\_\_\_\_  
James McBrien, Zoning Officer