

**Business Registration Application
City of Somers Point, NJ**

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: _____

Address of Business: _____ **Phone # of Business:** _____

Federal Tax ID # _____ **NJ State Tax ID #** _____

Owners name, address & phone #, if a Corporation, name, address & Phone of President and Secretary; if a Partnership, name, address & Phone # of all partners; if an LLC, name, address & Phone # 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 & Address: _____

Nature of Business: _____

Hours of Operation: _____ Days of Operatiaon: _____

If a corporation, name & address of Registered Agent. Attach copy of Good Standing Cert.

Occupancy Load	_____	Number of Exits	_____
Number of Curb 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 change from previous use? _____

Days and hours of operation: _____

Registration of alarm with Somers Point Police Department? _____

Any outstanding zoning or planning violations? _____

Does the operation involve any flammable/combustible/hazardous materials and if yes, provide MSDS sheets.

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 application along with copy of valid letter from 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.

_____ being duly sworn that he/she is the Individual making this Business Registration filing and that the answers to the questions contained therein are true.

Dated: _____ Signature _____

Sworn and subscribed before me this ____ day of _____, 20____.

New Jersey Notary Public
(SEAL)

Attachments:

Certificate of Occupancy
Fee Amount: \$
After hours emergency contact information

/Copy of State License
If applicable, Late Fee \$35.00

Received by City Clerk _____	Forwarded to Zoning Officer _____
_____ Carol L. Degrassi, RMC/MMC City Clerk	

Report of Zoning Officer:	Approved	Denied

_____ James McBrien, Zoning Officer		

Somers Point Police Department

NEW JERSEY

(609) 927-6161



O.F. MATHIS
CHIEF

Dear Business Owner/Manager;

The below requested information is to be used by the Somers Point Police Department Communications Division for use in an emergency that may occur after normal business hours.

The information you provide will remain confidential. It is for our exclusive use and assists us in our continuous efforts to serve and protect your business.

Please complete all information requested and return with your Mercantile Application. If you are exempt from requiring a Mercantile License, please mail or fax (927-0264) this form directly to the Police Department. You may also complete or update this form online at www.SomersPointPD.org

Please retain a copy of this form for your records and advise the Police Department of any changes you may have throughout the year.

NAME OF BUSINESS (as it appears on signage): _____

PHYSICAL ADDRESS: _____ CLOSEST CROSS STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: _____ FAX: _____

E-MAIL: _____ WEB-SITE: _____

Please list three (3) people to call for after hour emergencies that have access to the business

NAME	TITLE	HOME TELEPHONE	PAGER OR CELLULAR

If you have an alarm system, please provide the applicable information

INSTALLATION COMPANY: _____ TELEPHONE: _____

CENTRAL STATION: _____ TELEPHONE: _____

IS ALARM AUDIBLE? Yes _____ No _____ DOES ALARM RESET ITESLF? Yes _____ No _____

HOW LONG WILL ALARM SOUND BEFORE RESETTING? _____ Minutes

TYPES OF ALARMS MONITORED? Burglary__ Fire__ Panic/Hold-up__ Medical__ Temperature__ Flood__ Other__

AUTHORIZED SIGNATURE _____ DATE _____/_____/_____