

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: _____

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; New Business Opening After June 30th: \$50.00; Late Fee After June 30th \$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.

Date: _____

Signature: _____

OFFICIAL USE ONLY

Attachments:

- | | |
|---|--|
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Fee Amount |
| <input type="checkbox"/> Emergency Contact Police Form | <input type="checkbox"/> Copy of State License |
| <input type="checkbox"/> Outstanding Zoning or Planning Violation | <input type="checkbox"/> Late Fee, if Applicable |

Real Estate Taxes are paid and current: _____

Received by the City Clerk: _____

Forwarded to Zoning Officer: _____

Lucy R. Samuelsen, RMC/CMR, City Clerk

Report of Zoning Officer: APPROVED DENIED

James McBrien, Zoning Officer