

Mercantile License Application
Somers Point City Clerk's Office

An application is hereby made to the City of Somers Point, NJ, to operate a mercantile establishment in the City of Somers Point.

New

Renewal

Location Change

Previous Occupancy of Premise (new application only): _____

Type and Size of any Signage (new application only): _____

Trade Name of Business: _____

Address of Business: _____ Block: _____ Lot: _____

Owner's Name: _____

Owner's Address: _____

Manager/ Supervisor's Name: _____

Type of Business (describe): _____

Business Phone: _____ Fax: _____ Cell/Home Phone: _____

Email: _____ Own or Lease Building: _____ Length of Term or Lease: _____

If you have any of the following, please check the appropriate box and list how many.

- | | |
|------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Auto. Slot Machines, Video Games, Pool Table, Music, etc. _____ | <input type="checkbox"/> Pinball Machine _____ |
| <input type="checkbox"/> Boat Slips _____ | <input type="checkbox"/> Vending Machine _____ |
| <input type="checkbox"/> Seats (Restaurant) _____ | <input type="checkbox"/> Rooms (Hotels/Motels) _____ |
| <input type="checkbox"/> Trailers _____ | <input type="checkbox"/> Washers/Dryer _____ |
| <input type="checkbox"/> Baths, Saunas, Pools _____ | <input type="checkbox"/> Tennis/ Squash Courts _____ |
| <input type="checkbox"/> Ice Machine _____ | <input type="checkbox"/> Gas Pumps _____ |

I declare under the penalties of perjury that the statements contained in this application are true to the best of my knowledge and belief.

Signature of Owner _____ Date _____

Date Received by City Clerk: _____ Date Forwarded to Zoning Officer: _____

Report of Zoning Officer: APPROVED DENIED

Zoning Officer Date: _____

Date Received from Zoning Officer: _____

Issue Date _____ Check # _____ License # _____