



Please type or print clearly

APPLICATION FOR RENTAL MERCANTILE LICENSE
Township Code §279

**Please make all checks payable to:
Little Egg Harbor Township
665 Radio Road
Little Egg Harbor Township, NJ 08087
Attn: Zoning Office**

Official Use Only

Date Received:

Approved: Denied:

Fee: Check #:

Mercantile License renewal fee is due the first business day of each New Year (\$50.00)

1. INITIAL APPLICATION _____ RENEWAL APPLICATION _____ CHANGE OF TENANCY _____

2. Property Address: _____, Block _____ and Lot _____

P.O. Box not sufficient

3. Applicant/Business/Trade Name: _____

4. Owner's Mailing Address: _____

5. Owner(s) Phone Number(s): Primary _____, Secondary: _____

6. Owner's E-mail Address: _____

7. If Corporation, Name, Address, and Phone Number of all general partners: _____

8. Registered Agent's Name: _____

9. Registered Agent's Address: _____

10. Registered Agent's Phone Number: Primary: _____, Secondary: _____

E-Mail Address: _____

11. Number of Bedrooms: _____ Number of Adults _____ Number of Children _____ Total Occupants: _____

12. If fuel oil is used to heat the building and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used: _____

As to each rental unit, specification of the exact number of sleeping rooms contained in the rental unit and exact number of sleeping accommodations contained in each sleeping room, identifying each sleeping room specifically by the number and location within the rental unit and by square footage thereof. In order to satisfy the requirement of this provision, an owner shall submit a **floor plan, indicating the square footage of each bedroom** which shall become a part of the registration application and which shall be attached to the registration form when filed with the Code Enforcement Officer or his designee.

The undersigned does hereby certify that the statements above given are true and to the best of my knowledge, and that I will comply with all lawful regulations.

Print Name

Owner's Signature

Date

DO NOT WRITE BELOW LINE, TAX COLLECTOR USE ONLY

There [are/are not] delinquent property taxes or assessments due on above referenced property.
Property taxes/assessments due are paid through _____

Tax Collector or Designee

APPLICATION MUST BE FILL OUT IN ITS ENTIRETY