

PLEASE TYPE OR PRINT CLEARLY  
**APPLICATION FOR BUSINESS MERCANTILE LICENSE**  
Township Code §217-1 - §217-23

No. \_\_\_\_\_

1. INITIAL APPLICATION \_\_\_\_\_ RENEWAL APPLICATION \_\_\_\_\_ CHANGE IN OWNERSHIP \_\_\_\_\_

2. Applicant/Business/Trade Name: \_\_\_\_\_  
Business Street Address: \_\_\_\_\_  
Suite #(s): \_\_\_\_\_ Number of Unit(s) Occupied: \_\_\_\_\_  
Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Description of Business: \_\_\_\_\_

4. Hours/Days of Operation: \_\_\_\_\_

5. Is Applicant Trading As Individual, Partnership, or Corporation? (circle one)  
Owner(s) Name: \_\_\_\_\_  
Permanent Home Address\*: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

If Partnership – attach a list of all partners, general or limited; include name and permanent home address\* signed by each partner.

If Corporation – attach a list of names and permanent home addresses\* of each person owning 10% or more, as well as a copy of the certificate of incorporation.

6. Has the applicant/owner ever been convicted of any crime or the violation of any municipal ordinance other than traffic offenses? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, attach the date and place of conviction, the nature of the offense and the punishment or penalty imposed.

7. Attach Certificate of Liability Insurance providing public liability insurance in an amount not less than \$500,000.00 combined single limit. Little Egg Harbor Township must be listed as the Certificate Holder.

8. Do you Own: \_\_\_\_\_ / Rent: \_\_\_\_\_ the property? If you own the property please complete #9.

9. Are property taxes or assessments due on the property wherein or upon the business for which this license is conducted current \_\_\_\_\_ No \_\_\_\_\_ Yes.

\*P.O. Box not sufficient

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.

\_\_\_\_\_  
Signature of Owner, Officer, or Representative Date

**DO NOT WRITE BELOW / TAX COLLECTOR ONLY**

There [are/are not] delinquent property taxes or assessments due on above-referenced business property. Property taxes/assessments due are paid through \_\_\_\_\_

\_\_\_\_\_  
Tax Collector or Designee

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

**FEE: \$50.00 New License \$30.00 Renewal**

*(License fee is \$25.00 for initial applications received between September 15 and March 1)*