



MERCANTILE LICENSE APPLICATION

Mercantile Application received _____

Zoning Permit Received _____ \$20.00 Fee Collected _____
Approved? _____

Sent to Police _____

Fire Prevention Registration _____

Certificate of Inspection to Code Office _____

C/I Received _____ \$50.00 Fee Collected _____

Board of Health Certificate (For Food Service) _____

Police Approval _____ Municipal Clerk Approval _____

Fee Collected: _____ Issued: _____

All Businesses must have a mercantile license. Professional Offices or Businesses which are state licensed should complete the application but are not required to pay the fees.

It is recommended that a Zoning Permit be completed and submitted with the fee of \$20.00 at the start of the mercantile process. If the Zoning Permit is not approved the Mercantile can not be approved.

A certificate of Inspection is required for all of sales/rentals in Neptune City. Please submit the C/I Application with the \$50.00 fee. Mercantiles will not be approved if a copy of the Certificate of Inspection is not brought in.

If your business involves food, please call the Board of Health at 732 431-7456 to arrange for a Health Inspection. Your mercantile will not be issued without your satisfactory certificate.

Once your application is submitted, approval will be in at least 7-10 days.

Mercantile License Instructions

All Businesses must have a mercantile license. Professional Offices or Businesses which are state licensed should complete the application but are not required to pay the fees. A copy of your state license is required to waive the fee. If a state licensed professional engages in business outside of the scope of their license, a mercantile license must be obtained – example: a beauty salon that sells a complete line of beauty products and accessories.

It is required that a Zoning Permit be completed and submitted with the fee of \$20 at the start of the mercantile process. If the Zoning Permit is not approved the Mercantile can not be approved.

A Certificate of Inspection is required for all of sales/ rentals in Neptune City. Please submit the C/I application with the \$50 fee. C/I's will not be approved until the Zoning permit is issued, although both applications may be submitted simultaneously. Mercantiles will not be approved until a copy of the Certificate of Inspection is brought in.

If your business involves food, please call the Board of Health at 732-431-7456 to arrange for a Health Inspection. Your mercantile will not be issued without your satisfactory certificate.

Once your application is submitted approval will be in at least 7-10 days. It is recommended that you do not wait to apply for your mercantile license at the same time as your Certificate of Inspection.

Important Reminders:

Businesses may not be opened without Mercantile Licenses

Mercantile Licenses are not transferable

All applications may be turned in at the same time

Mercantile license fees are due in January of each year.

___ Zoning Permit application with \$20 fee. You may check on the status of your Zoning Permit by contacting Bill Doolittle at 732 776-7224 ext 26

___ C/I application with \$50 fee by cash or check payable to Borough of Neptune City. Appointments should be arranged with Jerry Applegate during his office hours which are Tuesday and Thursdays from 4:30- 5:30 732 776-7224 ext 35

___ Mercantile License application completed, all lines filled in- blanks will cause delays
Fees will be collected upon approval

___ Vending License application completed if needed

___ Board of Health contacted- if required (732) 431-7456

___ Fire Prevention Application completed. Inspections will take place during the calendar year and billed annually in October.

___ Borough Hall will contact you when your license has been approved by the Municipal Clerk and the Police Department. You may bring in your CI, Board of Health

BOROUGH OF NEPTUNE CITY
106 West Sylvania Avenue
Neptune City NJ 07753
(732) 776-7224
Fax (732) 776-8906



Name _____

APPLICATION FOR A MERCANTILE LICENSE

PURSUANT TO ORDINANCES OF THE BOROUGH OF NEPTUNE CITY, THE UNDERSIGNED HEREBY MAKES APPLICATION FOR MERCANTILE LICENSE AS INDICATED BELOW AND CERTIFIES TO THE CORRECTNESS OF THE FOLLOWING INFORMATION.

1. NAME OF APPLICANT _____
DRIVERS LICENSE # _____
2. TRADE NAME UNDER WHICH THE LICENSE IS TO BE CONDUCTED:

3. IS THE APPLICANT AN INDIVIDUAL, PARTNERSHIP OR CORPORATION

4. IF INDIVIDUAL APPLICANT: GIVE HOME ADDRESS AND PHONE NUMBER. IF PARTNERSHIP OF CORPORATION: GIVE NAMES OF ALL OFFICERS AND MANAGERS, HOME ADDRESSES AND PHONE NUMBERS:

5. ADDRESS OF PREMISES TO BE LICENSED:

6. NATURE OF THE BUSINESS- please be specific

7. ARE VENDING MACHINES LOCATED ON THE PREMISES TO BE LICENSED: _____
IF YES, PLEASE COMPLETE VENDING APPLICATION.
8. DOES THE APPLICANT OWN PREMISES TO BE LICENSED? _____
IF NOT, GIVE NAME AND ADDRESS OF OWNER:

9. HAVE YOU EVER HELD A MERCANTILE LICENSE IN NEPTUNE CITY? _____
IF SO, STATE TYPE OF BUSINESS, LOCATION AND DATES LICENSED.

10. HAVE YOU EVER HELD A MERCANTILE LICENSE IN ANY OTHER MUNICIPALITY? _____ IF SO, STATE TYPE OF BUSINESS, LOCATION AND DATE.

11. AREA IN SQUARE FEET _____
12. ANTICIPATED NUMBER OF EMPLOYEES _____

13. HAVE YOU EVER HELD A MERCANTILE LICENSE WHICH WAS REVOKED OR SUSPENDED? _____
IF YES, STATE REASONS FOR REVOCATION OR SUSPENSION:

14. APPLICANTS DATE OF BIRTH: _____

15. APPLICANTS SOCIAL SECURITY NUMBER _____

16. APPLICANTS RESIDENCE FOR THE PAST FIVE YEARS:

17. IF CORPORATION, PLEASE ANSWER THE FOLLOWING:

NAME ADDRESS DOB SOC SECURITY #

PRESIDENT _____

SECRETARY _____

TREASURER _____

18. APPLICANTS OCCUPATION FOR THE PAST FIVE YEARS:

19. FORMER EMPLOYERS NAME AND ADDRESS, IF ANY:

20. HAS APPLICANT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE IN EITHER
MUNICIPAL OR SUPERIOR COURT _____

IF YES, EXPLAIN: _____

PLEASE CHECK: _____ NEW APPLICATION _____ RENEWAL

21. BUSINESS PHONE NUMBER _____

22. I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION FOR A MERCANTILE LICENSE ARE
TRUE, FULL AND PERFECT ANSWERS.

SIGNATURE OF THE APPLICANT _____

TITLE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

Application Received _____

Professional License attached? _____

Sent to Police _____ Police Approval _____ Date _____

Sent to Zoning _____ \$20 fee _____ Zoning Approval _____ Date _____

Sent to Code Office _____ \$50 fee _____ CI received _____ Date _____

Sent to Fire Prevention _____

Board of Health Certificate _____

Municipal Clerk Approval _____

Square Footage _____ Fee _____

Date Issued _____

Vending Fee _____

NEPTUNE CITY POLICE DEPARTMENT

The information below will be used by the police department to update our records, and to provide a reference in the event of an emergency at your place of business while you are not there.

Name of Business: _____

Business Address: _____

Business Telephone Number: _____

Owner's Name, Address & Telephone Number: _____

Who may we call in the event of an emergency? Please list who you want called in numerical order. Include the contact person's name, address and phone number:

1. _____

2. _____

3. _____

Is your business alarmed? Yes _____ No _____

If yes, please circle type of alarm system:

Burglar Alarm

Fire Alarm

Panic Alarm

Other

System type:

Audible only

Central Station

Auto Dial

Direct to PD

Audible and Central Station

Other _____

On the reverse side of this form, make a diagram of your building or office show entrance and exit doors, safes, cash registers, and location of light switches. If your building or office contains more than one floor, show the main floor only. You do not have to show furniture location.

If there are any changes in the future, please notify police headquarters at (732) 775-1615

This form will be picked up on _____

Thank you for your cooperation

IN THE EVENT OF EMERGENCY, CALL 911

William Doolittle
Construction Official
Building SubCode Official
Zoning Officer



Office Hours
Tuesday & Thursday 4:45- 6:00 pm
Monday – 7:30 – 8:00 am

ZONING PERMIT APPLICATION

Block _____ Lot _____

Fee \$20.00

Permit # _____

All applications for construction purposes must be accompanied by a survey. Applications for a proposed use must indicate the exact scope of business including all activities which will be part of the business.

1. Applicants Name _____ Phone (H) _____
Mailing Address _____ Phone (W) _____
Fax _____
2. Owner's Name _____ Phone (H) _____
Mailing Address _____ Phone (W) _____
3. Location of Proposed Use or Work:
Block No. _____ Lot No. _____
Address _____

4. Description of Existing Use or Work:
Business Name (If Applicable) _____
Description _____

5. Description of Proposed Use or Work:
Business Name (If Applicable) _____
Description _____

6. Has the above premises been the subject of any prior application to the Land Use Board, Zoning Board of Adjustment or planning Board to the applicant's knowledge? Yes _____ No _____
If yes please describe _____

Signature _____ Date _____



BOROUGH OF NEPTUNE CITY

106 W. Sylvania Avenue, Neptune City, NJ 07753, Telephone-(732) 776-7224 X 35, Fax – (732) 776-8906

CERTIFICATE OF INSPECTION

Jerry Applegate – Code Enforcement Official
Office Hours: Tuesday & Thursday 4:30 PM – 5:30 PM

Application is hereby made for inspection, approval and issuance of a Certificate of Inspection for the following dwelling/business units as provided by the Code of the Borough of Neptune City c102.15-20.

- All properties and structures shall meet the most recent Property Maintenance Code adopted by the Borough for compliance.

PRESENT OWNER OF THE PROPERTY _____

ADDRESS _____

ADDRESS TO BE INSPECTED _____ UNIT/APT. # _____

NAME C.O. WILL BE ISSUED TO _____

DWELLING () BUSINESS () RENTAL () SALE () TRANSFER OF TITLE () OTHER ()

NUMBER OF BEDROOMS _____ NUMBER OF OCCUPANTS _____

*****MINIMUM 24 HR. NOTICE REQUIRED FOR INSPECTIONS*****

INSPECTION DATE REQUESTED (Mon – Thurs. Only) _____ TIME (after 4:30 pm) _____

- (Date and time must be approved by Code Enforcement Official as per his schedule)

PHONE NUMBER (where you can be reached for the date & time confirmation, by the Official) _____

A \$50.00 **NON-REFUNDABLE** fee must be paid at the time of application. (made out to the Borough)

A \$25.00 fee will be charged for each inspection thereafter.

Failure to make application for inspection and obtain a Certificate of Inspection for each new tenant or buyer of a business/dwelling is punishable by a fine in the amount not exceeding \$2000.00.

NOTICE: For dwelling units, list occupants & list ages of children only.

I hereby certify the truthfulness of the responses set forth in this application

AGENT/OWNER'S SIGNATURE

INSPECTION OFFICE USE:

FEE RECEIVED BY _____ CASH _____ CHECK # _____ DATE _____

INSPECTED BY _____ ZONING APPROVAL _____ OPEN PERMITS _____

BLOCK _____ LOT _____ DATE OF ISSUE _____ C.O. # _____

CONFIDENTIAL POLICE DEPT. USE:

MUST BE COMPLETED AND FILED 10 DAYS PRIOR TO OCCUPANCY

Has any person to commence residency after August 22, 2005 been convicted of N.J.S.A. 2C:7-1 et seq.

(Registration and notification of release of certain offenders) _____ yes _____ no

I certify this is a true statement.

(new owner or tenant signature) Date

