



Borough of Neptune City

106 West Sylvania Avenue
Neptune City, New Jersey 07753
732-776-7224

MERCANTILE LICENSE PACKET

Mercantile Packet Received on: _____ at _____ am/pm Received By: _____

Business Name (d/b/a): _____

Trade/Corporation Name: _____

Proposed Location of Business: _____

Block: _____ Lot: _____ Contact Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

All Business must have a mercantile license. Professional Offices or Businesses which are licensed by the State of New Jersey should complete the application, but are not required to pay the fees.

It is recommended that a **Zoning Permit** be completed and submitted along with the **\$100.00 fee** at the start of the mercantile process. Mercantile Licenses will not be approved if the Zoning Permit is not approved.

A Certificate of Inspection is required for all sales/rentals in Neptune City. Please submit a **C/I Application** with the **\$60.00 fee**. Mercantile Licenses will not be approved without a copy of the Certificate of Inspection.

If your business involves food, please contact the **Monmouth County Board of Health** at **732-431-7456** to arrange for a Health Inspection. Mercantile Licenses will not be approved without a satisfactory certificate.

Once your application is submitted approval will take at least seven (7) to ten (10) business days. It is recommended that you submit your Mercantile Application at the same time as your Zoning Application and Certificate of Inspection Application.

IMPORTANT REMINDERS:

- Business may not open without a Mercantile License
- Mercantile Licenses are not transferable
- All applications (Zoning, C/I, [if needed Vending & Board of Health], Fire Prevention and Police Department should be turned in at the same time
- Mercantile Licenses Renewals are due January 1 each year (no matter when the original license was issued)

Make all checks or money orders payable to: The Borough of Neptune City. Any blanks on applications will cause delay in processing.

- _____ **Complete Mercantile License Application:** Fee per Borough Code Chapter 79-4 (attached)
- _____ **Zoning Permit Application: \$100.00**
- _____ **Certificate of Inspection Application: \$60.00** – Arrange Appointments for inspection by calling 732-776-9204 x 35
- _____ **Fire Safety Registration Form:** Initial Fee **\$50.00** Annual Fee per Borough Code Chapter 64-8 (attached)
- _____ **Monmouth County Board of Health Contacted at 732-431-7456 (if applicable):** Inspection Date _____
- _____ **Vending License Application (if applicable):** Fee per Borough Code Chapter 41-6 (attached)

Borough Hall will contact you once your Mercantile License has been approved by the Municipal Clerk and Police Department. If required, bring proof of satisfactory Board of Health Inspection to finalize obtaining annual Mercantile License.

MERCANTILE LICENES APPLICATION FEES (Municipal Clerk)

§ 79-4 License fees. [Amended 11-8-1976 by Ord. No. 76-10; 6-22-1981 by Ord. No. 81-7; 12-13-1982 by Ord. No. 82-8; 7-22-2002 by Ord. No. 2002-14]

- A. The license fees to be paid annually, as above provided, to the Borough of Neptune City for conducting or carrying on the business, trade or occupation herein named at the place to be designated in the license certificate issued thereof shall be as follows:

(1)	Business, trade or occupation	Fee
	Car dealer	\$150
	Motel	\$600
	Restaurants	\$125
(2)	Other (in square feet)	Fee
	Up to 3,000	\$50
	3,001 to 5,000	\$150
	Over 5,000	\$500

FIRE SAFETY APPLICATION FEES (Fire Prevention)

INITIAL APPLICATION FEE is \$50.00. The Annual Fee will be updated per the schedule below.

§ 64-8 Additional required inspections and fees.

[Amended 11-27-1995 by Ord. No. 1995-20; 2-26-2001 by Ord. No. 2001-01; 3-11-2002 by Ord. No. 2002-10; Amended 12-28-2009 by Ord. No. 2009-11]

In addition to the inspections and fees required pursuant to the Act and the regulations of the Department of Community Affairs, the following additional inspections and fees shall be required (for non-life hazards).

- A. Annual inspections of all Commercial buildings.

Square Footage	
Up to 2,500	\$50
2,501-5,000	\$75
5,001-7,500	\$100
7,501-10,000	\$125
10,001-15,000	\$150
15,001-20,000	\$175
above 20,000	\$200

Measurements shall be the exterior of the building, and shall include the total square footage of all occupied areas of all floors.

Building Common Areas \$75 per building

- B. Multiple Family Dwellings:

1-10 units	\$75
11-29 units	\$100
over 30 units	\$150

VENDING MACHINE APPLICATION FEES

§ 41-6 License fees; term of license.

[Amended 12-13-1982 by Ord. No. 82-11; 8-9-2004 by Ord. No. 2004-13]

- A. Every applicant, before being granted a license, shall pay the following annual license fee for the privilege of operating or maintaining for operation each jukebox or mechanical amusement device as defined in § 41-1 herein:

[Amended 11-8-1976 by Ord. No. 76-10]

- (1) Jukeboxes, \$25 per machine.
- (2) Mechanical amusement devices, \$50 per machine. [Amended 6-22-1981 by Ord. No. 81-6]
- (3) Amusement arcades, as set forth in §§ 79-3 and 79-4 of the Code of the Borough of Neptune City, in addition to the fees per machine set forth in Subsection A (1) and (2) above. [Added 12-13-1982 by Ord. No. 82-11]
- (4) [Added 8-26-1991 by Ord. No. 1991-101] **Vending machines:**

\$0.1 to \$0.25	\$10 per machine
\$0.26 to \$1	\$20 per machine
Over \$1	\$30 per machine

- B. Each license shall expire on the 31st day of December following issuance. All licenses issued between the first day of September and the 31st day of December following in any year shall be issued for 1/2 of the fee thereof.



Borough of
Neptune City

106 West Sylvania Avenue
Neptune City, New Jersey 07753

MERCANTILE LICENSE APPLICATION

Pursuant to Borough Code 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.

[] Initial Application

1. Name of Applicant: _____

2. Trade Name under which Business will be conducted (d/b/a): _____

3. Applicant is an: [] Individual [] Partnership [] Corporation [] Other: _____
Partnership/Corporation/Other Name: _____

4. If Partnership/Corporation/Other – See Questions # 22 & 23 to complete this question
If INDIVIDUAL Applicant – Supply Individual Name, Home Address, Phone Number and Email
Check Here [] if additional pages are used

5. Address of Premises to Be Licensed: _____

6. Business Phone: _____ 7. Business Email: _____

8. Does the Applicant Own the Premises: [] YES [] NO *if “no” provide Owner’s name, address, phone & email*

9. Describe the Nature of Business to be Conducted (be specific): *Check Here [] if additional pages are used*

10. Anticipated Number of Employees: _____ 11. Area of Location in Square Feet: _____

12. Have you ever held a Mercantile License in Neptune City **OR** in another Municipality: [] YES [] NO
if “yes” state type of business, location and dates licensed: Check Here [] if additional pages are used

13. Have you ever held a mercantile license which was revoked or suspended: [] YES [] NO
if “yes” state reasons for revocation or suspension: _____

14. Are Vending Machines Located on the Premises: [] YES [] NO *if “yes” complete vending application*

15. Applicants Date of Birth: _____ 16. Applicants Social Security Number: _____

17. Applicant Driver's License No.: State _____ # _____

18. Applicants Residences for the Past Five Years:

19. Applicants Occupation for the Past Five Years:

20. Applicants Employers Name and Address for the Past Five Years (if any):

21. Has Applicant Ever been Convicted of a Criminal Offense in either Municipal or Superior Court: [] YES [] NO

if "yes" please explain: _____

22. If Partnership/Corporation/Other - Supply for All Officers & Managers Names, Home Addresses, Phone Numbers, and Email:

Check Here [] if additional pages are used

NAME

HOME ADDRESS

EMAIL

PHONE

23. If Corporation - Supply for All Officers & Managers, Names, Home Addresses, Phone Numbers, and Emails:

Check Here [] if additional pages are used

NAME

HOME ADDRESS

EMAIL

PHONE

If Corporation – Please answer the following:

Check Here [] if additional pages are used

NAME

HOME ADDRESS

Date of Birth

Social Security Number

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

24. I, _____, certify that the information contained in this application for a mercantile license are true, full and perfect answers.

Signature of Applicant

Date

Title of Applicant



ZONING PERMIT APPLICATION

1	Applicant Name		Phone Number	
	Mailing Address		Email Address	
2	Owner Name		Phone Number	
	Mailing Address		Email Address	
3	Contractor Name		Phone Number	
	Mailing Address		Email Address	
4	Location of proposed use or work			
5	Description of existing or prior use or work			
	Business Name (if applicable)			
6	Detailed description of proposed use or work <i>(please be specific and include details)</i>			
	Business Name (if applicable)			
7	Has the above-mentioned property been the subject of any prior application to the Land Use Board, Zoning Board of Adjustment or Planning Board to the applicant's knowledge? (Check the box)	Yes		No

All applications shall include two (2) copies of a **"Current Survey"** indicating locations of all existing structures, all easements, and location and size of proposed construction including proposed setbacks, height, etc.

Applicant Signature	
Signature	Date

FOR OFFICE USE ONLY			
Date Fee Paid	Amount Paid	Permit Number	
Check Number	Cash (Check Box)	Receipt Number	

Approved	
Approved by	Date
Comments and conditions	

DENIED	
Denied by	Date
Reason for denial	

Single or Two-Family Residential Fee \$50	All Other Property Uses \$100	Resubmittal Fee \$25
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Borough of
Neptune City
106 West Sylvania Avenue
Neptune City, New Jersey 07753

Construction Department

Office Hours: Tuesdays & Thursdays 4:45 pm – 6:00 pm
Phone: 732-776-7224 | Email: construction@neptunecitynj.com

CERTIFICATE OF INSPECTION

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, Chapter 102: 15-20
All properties and structures shall meet the most recent property maintenance code adopted by the Borough for compliance

Present Owners of the Property: _____

Address: _____

Address to Be Inspected: _____ **Unit/ Apt #** _____

Name C.O. will be Issued To: _____ **Phone:** _____

Transfer Business Dwelling Rental Sale

Number of Bedrooms: _____ **Number of Occupants:** _____

NOTICE: For **DWELLING UNITS**, list occupants and the ages of children only

****Children’s last names not matching the guardian shall attach a birth certificate or judgement.**

****** MINIMUM OF FIVE (5) BUSINESS DAYS NOTICE IS REQUIRED FOR INSPECTIONS ******

Inspection Date Requested: _____ **Time (after 4:30 pm) :** _____

Please note: the date and time must be and will be approved by the Inspector per their schedule

Contact Name: _____ **Phone Number:** _____

The person and number where inspection date and time confirmation can be made

- \$60.00 non-refundable fee must be paid at the time of the application** (Checks payable to Borough of Neptune City)
- \$35.00 fee will be charge for each inspection made thereafter**

Failure to make application for inspection, and/or failure to obtain a Certificate of Inspection

for each new tenant or buyer of a business or dwelling is punishable by a fine the amount not to exceed \$2,000.00

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

Agent/Owner’s Signature

CONFIDENTIAL FOR POLICE DEPARTMENT USE: MEGAN’S LAW STATEMENT

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 New Tenant Signature

Date

Inspection Office Use:

Fee Received By: _____ Cash: _____ Check #: _____ Date: _____

Inspected By: _____ Zoning Approval: _____ Open Permits: _____

Block: _____ Lot: _____ Date of Issue: _____ C.O.# _____

After you have submitted a complete application, with the proper fee, you will be scheduled for an inspection. Be sure a phone number, where you can be reached is on the application.

The following is a general list of items that will be inspected and required for a Certificate of Inspection, note the list is not all-inclusive.

1. **Walks/driveway:** No tripping hazards, holes or missing areas.
2. **Exterior property:** Clean, no debris or high grass. No major over-growth. No junk or trash.
3. **Garage/sheds/fences:** Good exterior condition, painted, windows unbroken, structurally sound.
4. **Exterior structure:** No peeling paint. Gutters/downspouts, roofing, chimney, foundation, all good condition. No rotting wood. Windows and screens in good condition,
5. **Steps:** Good sound condition, no tripping hazards, railing required if 30" or higher. Railings secure.
6. **House numbers:** 3" minimum size. Numeric, not spelled out. Visible from the street.
7. **Interior:** Doors sound condition. Deadbolts, non-key style operation from the inside only (front), All windows operational, floor coverings good condition no tripping hazards, Walls/ceilings, no holes or peeling paint. No broken windows. All outlets/switches working. Closets: no bare bulbs allowed. Must have a globe or be of the fluorescent type. Fireplaces: Shall be cleaned & inspected by a professional in that field.
 - **Kitchen:** Stove must have a tip over bracket installed (manufactured from 1991 to now). Faucet/drains no leaks. Drains work well. Stove hood filter clean, exhaust fan works. No grease buildup anywhere. No accumulations by appliances. All appliances work.
 - **Bathroom:** Faucet/drains no leaks. Toilet flushes properly. Tub caulked. Exhaust fan required if there isn't a window in the room. An outlet is required. If a new one is installed it shall be GFCI protected.
 - **Bedrooms:** Smoke detector outside of and within 10 feet of every bedroom. Door on each room. Carbon monoxide detectors are required in R2 & R5 units (check with official).
 - **Basement:** Smoke detectors on the ceiling at the bottom of the stairs. Sump pumps shall be pumped to the outside. Furnace vent connections are to be tight. Adequate clearance to combustibles. Safety valve on the hot water heater is to be piped down to within 6" of the floor. No open electrical boxes. Minimum 60 amp electrical service. No exposed wiring (all terminations in a junction box) No clutter. Furnaces shall have adequate ventilation.
 - **Occupancy:** Every room for sleeping shall have a minimum of 70 sq. ft. for one occupant and 50 sq. ft. for each additional person. (100 sq. ft. for 2 people, 150 sq. ft. for 3 people, etc.)
 - **General:** Every story, including the basement shall have a working smoke detector. Clothes dryer shall be vented to the outside with ridged pipe. U.L. flex from dryer to pipe. Attached garages shall have a door between the house & garage. (solid wood or metal)
 - **For Dwellings being sold,** all open construction permits are to be finalized before the Certificate of Inspection is issued.
 - **For Commercial applicants,** a zoning application permit should be submitted and approved and before applying for a Certificate of Inspection. Attach an approved zoning form with the C/I application.

A C/I inspection will show compliance with the adopted Borough Codes.

The buyer, to protect their investment, should use a home inspector or an engineer for a more extensive inspection.

8. Requirements for Fire Extinguishers:

- At least one portable fire extinguisher shall be installed in all one- and two-family dwellings upon change of occupancy;
- The extinguisher shall be listed, labeled, charged, and operable;
- The size shall be no smaller than 2A:10B:C, rated for residential use and weigh no more than 10 lbs.;
- The hangers or brackets supplied by the manufacturer must be used;
- The extinguisher must be located within 10 feet of the kitchen
- The top of the extinguisher must not be more than 5 feet above the floor;
- The extinguisher must be visible and in a readily accessible location, free from being blocked by furniture, storage, or other items;
- The extinguisher must be near a room exit or travel path that provides an escape route to the exterior;
- The extinguisher must be accompanied by an owner's manual or written information regarding the operation, inspection, and maintenance of the extinguisher; and
- Lastly, the extinguisher must be installed with the operating instructions clearly visible



FIRE SAFETY REGISTRATION FORM

PART A – BUSINESS REGISTRATION INFORMATION

1. BUSINESS OWNERSHIP (mark the correct box):

- Corporation
 (1) Private / Individual
 (2) Partnership
 (3) Condominium
 Cooperative
 (5) Government Agency
 (6) LLC Corporation

2. BUSINESS/CORPORATION INFORMATION AND MAILING ADDRESS:

If Private / Individual Name: _____
Last First Middle Initial

If Other: _____
 Give FULL Legal Name of Ownership (including Corporation, Incorporated, Partnership, T/A etc.)

Mailing Address: _____
 PO Box Number or Street Number and Name

City: _____ **State:** _____ **Zip Code:** _____ - _____

Federal Employer (Tax ID) Number or Social Security Number (For Private/Individual Only): _____

Telephone: _____ **Email:** _____

PART B – BUSINESS LOCATION INFORMATION (Physical location and name of the business)

3. NAME OF BUILDING OR BUSINESS: _____

Building Address: _____

Suite or Room Number: _____ **Municipality:** _____ **County:** _____

4. Block Number _____ **Lot Number** _____ **Municipal Tax Account Number** _____

5. Height of Building (in ft.) _____ **Number of Stories** _____ **Square Footage** _____ **Occupant Load** _____

6. BRIEFLY DESCRIBE THE BUILDING TYPE AND / OR USES _____

7. BUSINESS EMERGENCY CONTACT – Name: _____ **Phone:** _____

PART C – CERTIFICATION

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made me are willfully false, I am subject to punishment.

 Signature of Owner or Agent Completing This Form Printed Name Today's Date:

PART D – FIRE MARSHAL USE ONLY

Registration Number: _____ Fee Required: _____

Knox Box Required? _____ Keys Collected? _____ Keys locked in Box _____ FD Notified? _____ Permits Required: _____

Fire Alarm _____ Sprinkler System _____ Suppression System _____ Fire Lanes _____ RTK _____



Borough of
Neptune City Police Department
 106 West Sylvania Avenue
 Neptune City, New Jersey 07753
 732-775-1615



NEPTUNE CITY POLICE DEPARTMENT BUSINESS REGISTRATION

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 and Telephone Number: _____

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

1. _____

2. _____

3. _____

Is your business alarmed? [] Yes [] No

If your business is alarmed, please circle the type of alarm system:

Burglar Alarm

Fire Alarm

Panic Alarm

Other

System Type:

Audible Only

Central Station

Auto Dial

Direct to Police Department

Audible & 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 locations of light switches. If your building 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 AN EMERGENCY, CALL 911



Borough of
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 106 West Sylvania Avenue
 Neptune City, New Jersey 07753
 732-776-7224

VENDING MACHINE REGISTRATION APPLICATION

Schedule of Vending/Amusement Device Fees

- \$25.00 - Jukeboxes
- \$50.00 - Mechanical Amusement Devices (Video games, Claw type games, Etc.)
- \$10.00 - Vending Machines charging 1 cent – 25 cents
- \$20.00 - Vending Machines charging 26 cents - \$1.00
- \$30.00 - Vending Machines charging over \$1.00

I certify that the following is true of my business _____

located at _____, Neptune City, NJ 07753:

There are **NO** vending machines or amusement devices in use on the premises

-OR-

The following vending machines (soda, candy, sticker, gumball etc.) or Amusement Devices (video games, claw machines, etc.) are in use on the premises

Type	Quantity	Amount Machine Charges	Vending License Fee (per schedule)

I have the following video games or amusement devices

Type	Quantity	Cost	Vending License Fee (per schedule)
		\$50.00	=
		\$50.00	=
		\$50.00	=
		\$50.00	=
		\$50.00	=

Type	Quantity	Cost	Vending License Fee (per schedule)
Jukebox		\$25.00	=

TOTAL VENDING FEES \$ _____ payable to the Borough of Neptune City

SIGNED _____ PRINT NAME _____ DATE _____



Borough of
Neptune City
 106 West Sylvania Avenue
 Neptune City, New Jersey 07753
 732-776-7224

MERCANTILE LICENSE FOR OFFICE USE ONLY

Mercantile Application Received On: _____ Received By: _____

Business Name (d/b/a): _____

Trade/Corporation Name: _____

Proposed Location of Business: _____

Professional License Attached: Yes If Yes, License Expiration: _____ No Not Required

Mailing Address: _____

Application Sent to:	Date Sent:	Sent By: (initials)	Sent Via: (hard copy / e-mail)	Approval Date:	Denial Date:	Fee Due:	Date Fee Paid:	Fee Paid By: (payment method)	Other Information:
Police Department:						NOT APPLICABLE			
Zoning Department:						\$100.00			
Construction - C/I:						\$60.00			
Fire Prevention:						Initial Fee \$50.00			
Municipal Clerk:						Fee Schedule			
Vending Fee:						Fee Schedule			

Monmouth County Board of Health Certificate Required: Yes No If Yes, Date Provided: _____

Square Footage: _____ Maximum Occupancy: _____ Notes: _____

Final Approval – Initials: _____ Date: _____ License Issued on: _____