

# MERCANTILE LICENSE APPLICATION

Mercantile Application received \_\_\_\_\_

Zoning Permit Received \_\_\_\_\_ \$20.00 Fee Collected \_\_\_\_\_  
Approved/Denied \_\_\_\_\_

Sent to Police \_\_\_\_\_ Approved/Denied \_\_\_\_\_

Fire Prevention Registration received \_\_\_\_\_

C/I Received \_\_\_\_\_ \$50.00 Fee Collected \_\_\_\_\_

Certificate of Inspection to Code Office \_\_\_\_\_

Board of Health Certificate (For Food Service) \_\_\_\_\_

Sent to Police \_\_\_\_\_ Approved/Denied \_\_\_\_\_

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 business 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 mercantile fees. A copy of your state license is required to waive the mercantile 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 recommended 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 CI application with the \$50 fee. CI's will not be approved until the Zoning permit is issued, although both applications may be submitted simultaneously. A Mercantile will not be approved until a copy of the Certificate of Inspection is received.

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 business 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 (732)776-9204 ext. 26

\_\_\_ C/I application with \$50 fee, Make check payable to Borough of Neptune City appointments should be arranged with Kevin Diaz (732) 776-9204 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. Inspections will take place during the calendar year.

\_\_\_ Borough Hall will contact you when your license has been approved by the Municipal Clerk and the Police Department. You must bring in your Board of Health

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



Business 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: Yes \_\_\_\_\_ No \_\_\_\_\_  
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: Date: _____	Initials: _____		
Professional License attached? Yes _____ No _____			
Sent to Police: Date: _____	Initials: _____	Approval Date _____	
Sent to Zoning: Date: _____	Initials: _____	Approval Date _____	Fee \$ _____
Sent to Housing: Date: _____	Initials: _____	Approval Date _____	Fee \$ _____
Sent to Fire Prevention: Date: _____	Initials: _____		

Board of Health Certificate Approval (if required) \_\_\_\_\_

Municipal Clerk Approval: Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Square Footage \_\_\_\_\_ Mercantile Fee Amount \$ \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Vending Fee (if required) \$ \_\_\_\_\_

# 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

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

Kevin Diaz – 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 business 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# \_\_\_\_\_

NAME C.O. WILL BE ISSUED TO \_\_\_\_\_

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

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

INSPECTION DATE REQUESTED (Mon. – Thurs. Only) \_\_\_\_\_ TIME \_\_\_\_\_

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

\_\_\_\_\_ Phone number you can be reached for the date & time confirmation, by the Official

A \$50.00 **NON-REFUNDABLE** fee must be payable to the Borough of Neptune City at the time of application  
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.

CONFIDENTIAL POLICE DEPT USE:

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

**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. # \_\_\_\_\_



