



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF PLANNING AND ENGINEERING

CONTRACTOR'S LICENSE REQUIREMENTS PLEASE COMPLETE ALL REQUIREMENTS

1. Call your insurance agent and have him/her FAX a Certificate of General Liability Insurance, naming the **City of Ocean City** as a certificate holder. The FAX number is (609)525-2496. The City requires a minimum of \$300,000 of liability insurance, for all contractors, except demolition and bulkhead contractors which are required to have a minimum \$1,000,000 of liability insurance. We will hold your insurance certificate on file for 90 days, pending receipt of your application.
2. Fill out the Mercantile License Application and return it by mail or in person to the Office of Licensing with the following:
 - A. If your business is a corporation or a LLC, put a sharp and clear impression of your corporate seal on the first page on of the application. If you do not have a corporate seal, please include a copy of your approved corporate or LLC papers. **If your corporation or LLC uses a fictitious or alternate name include paperwork from the Secretary of the State giving you authorization to use that name.**
 - B. If you are a sole proprietor or a partnership in New Jersey and using a trade name, include a copy of your approved "Trade Name Registration" from your county clerk's office. If you are a Cape May County business and have not yet registered a Trade Name, an application for doing so is attached.
 - C. If you are a sole proprietor or partnership from Pennsylvania, include a copy of your "Fictitious or Alternate Name Registration" which must be obtained from Harrisburg.
 - D. If you collect sales tax, enclose a copy of your New Jersey Sales & Use Tax Certificate issued by the Division of Taxation.
 - E. Enclose a check for the correct fee made out to the *City of Ocean City*. The fees are as follows:

1. General Contractor	\$450.00	4. Bulkhead & Piling	\$300.00
2. Contractors/Subcontractors	\$225.00	5. Moving/Hauling	\$300.00
3. Handyman	\$225.00	6. Signs	\$300.00

WE MUST RECEIVE ALL REQUIRED DOCUMENTS AND YOUR PAYMENT AT THE SAME TIME.

**ANY INCOMPLETE APPLICATIONS WILL BE RETURNED.
THERE WILL BE NO EXCEPTIONS.
PLEASE REMEMBER TO SIGN YOUR APPLICATION!**

LICENSING DIVISION
115 12th STREET, OCEAN CITY, NJ 08226
609-399-6111 ext. 9733 FAX: 609-525-2496

www.ocnj.us

Printed on Recycled Paper

CONTRACTOR LICENSE APPLICATION

CITY OF OCEAN CITY
PLANNING & ENGINEERING
115 12TH STREET
OCEAN CITY, NJ 08226

LICENSE NO. _____

PHONE (609)399-6111 EXT. 9733
FAX (609)525-2496

BUSINESS INFORMATION

Business Name: _____
Owner's Name: _____ Individual or Partners, Corporation or LLC Name
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: () _____ Cell Phone: () _____

BUSINESS OWNER'S INFORMATION

Individuals list owner's name, for partnership list both parties. For corporations or LLCs, list either an officer or registered agent upon whom process may be served.

Owner's Name(s): _____
Owner's Address: _____
City: _____ State: _____ Zip: _____
Home Ph: () _____ Fax No.: () _____ Tax ID/SS #: _____

Type of Contractor: _____
Business Classification (Check One):
Individual: _____ Partnership: _____ Corporation: _____ LLC: _____ Other: _____

Insurance Agency's Name: _____
City: _____ State: _____ Phone: _____ Fax: _____

Policy Number: _____ Expiration Date: _____
Number of Vehicle Stickers Requested: _____

Signature of Applicant: _____

Send Bills To: Owner _____ Business _____

FOR OFFICE USE ONLY

Memo: _____

Insurance Certificate Received? Yes _____ Not Required: _____
Trade Name Received? (Individuals & Partnerships) Yes _____ Not Required: _____
Corporation or LLC Documentation Received? Yes _____ Not Required: _____
Alternate Name Registration Received? Yes _____ Not Required: _____
Health Inspection Certificate Received? Yes _____ Not Required: _____
Sales Tax Certificate Received? Yes _____ Not Required: _____

Approval By Mercantile: _____

License Fee: \$ _____
OCTD Assessment: \$ _____
Other: \$ _____
Late Fee: \$ _____
Total Amount Due: \$ _____
Check Number: _____

Issued: _____

ATTENTION LANDSCAPERS and HOMEOWNERS

BLOWING GRASS CLIPPINGS OR LEAVES INTO THE GUTTER OR DRAIN IS A VIOLATION OF CITY ORDINANCE

87-17 4-17.3 Trash and Litter Prohibited.

Materials Blocking Storm Drains Prohibited. No person shall place or cause to be placed in any public gutter or storm drain, swale drainage ditch or other drainage way, any material of any form, type or nature, the placement of which would alter, impede, block or otherwise detrimentally affect the rate of flow of water through said drainage way. This includes vegetative waste such as grass clippings and leaves as well as litter and larger items. This section shall not prohibit the temporary placement or construction of silt traps, approved by the Construction Code Official, in conjunction with the issuance of a pile driving permit as provided in Chapter 12, Section 8.

4-17.11 Fines and Penalties.

a. Any person, firm or corporation who shall violate any of the provisions of this section shall upon conviction, be punished by a fine of not to exceed five hundred (\$500.00) dollars or by imprisonment in the County jail for a period of not to exceed ninety (90) days, or by both such fine and imprisonment, and each violation of any of the provisions of this section and each day the same is violated shall be deemed and taken to be a separate and distinct offense. In addition to these offenses, any person who violates any provision of this section shall upon conviction also be responsible for the cost of cleanup associated with said violation.

b. Any person, firm or corporation who assists the City of Ocean City in obtaining a conviction against anyone who violates this section, for illegal dumping, as defined herein, shall be eligible for a reward of two hundred fifty (\$250.00) dollars. Said reward shall be given in the absolute discretion of the City.

(Ord. #85-19, § 11; New; Ord. #88-39, § 1)

Help Prevent Water Pollution

AMERICA'S GREATEST FAMILY RESORT™
Ocean City
NEW JERSEY • OCNJ.US

County Clerk
Registering Your Business

BUSINESS TRADE NAME CERTIFICATES

Individuals conducting or transacting business under any assumed name or designation are required to file a **Business Trade Name Certificate** with the County Clerk's Office. This includes non-incorporated entities such as sole proprietorships or general partnerships (NJSA 56:1-1&c).

The following entities must file with the New Jersey Division of Revenue and not with the County Clerk:
Corporations (Profit and Non-Profit)
Limited Partnerships
Limited Liability Companies
Limited Liability Partnerships

For forms and more information go to <http://www.state.nj.us/treasury/revenue>

REQUIREMENTS FOR FILING A BUSINESS TRADE NAME CERTIFICATE

Business Trade Name Certificate form

Obtain the appropriate form. Complete the form with the following:

Name of the business, nature of the business and address of the business.

Name(s) and residence address(es) of the business operators (all those financially responsible for the the business). If operators reside outside the State of New Jersey, a Power of Attorney to the County Clerk is required. If the Power of Attorney is a separate attachment, not part of the body of the document, it must be notarized.

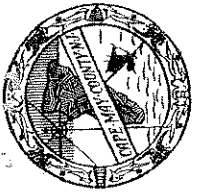
Signature(s) with printed name(s) above and below acknowledgment.

Full acknowledgment by a Notary Public or other official authorized to accept oaths. A representative from the County Clerk's Office will acknowledge the Business Trade Name Certificate at the time of filing, provided all operators of the business appear.

The form must be filed in duplicate - original for the County Clerk, duplicate is forwarded to the New Jersey Division of Revenue. Businesses usually file original and three copies. Two are returned to the business, one "true copy" will be required by a bank or other financial institution when accounts are set up. The other copy is for the business' records. Some municipalities will also require a "true copy" to issue a business license.

Fee is \$50.00 (\$54.00 with two copies returned to the business). Payment must be made in cash, money order or by debit or credit card. Personal checks are not accepted for Business Trade Name filings.

After you register your Business Trade Name with the County Clerk's Office new businesses should also **register with the Internal Revenue Service for their Federal ID number 1-800-829-4933 or <http://www.irs.gov> and register with the New Jersey Division of Revenue Business Gateway Services <http://www.nj.us/njbs>**



CAPE MAY COUNTY CLERK

RITA MARIE FULGINITI, County Clerk

7 N. Main Street, P.O. Box 5000

Cape May Court House NJ 08210-5000

609-465-1010 www.capemaycountygov.net

N.J. CERTIFICATE OF BUSINESS TRADE NAME

This is to certify that the following statement is made by the undersigned pursuant to the provisions of N.J.S.A. 56:1-1 et seq ("Business and Partnership Names"):

The name under which the business is now or is about to be conducted is: _____

The nature of the business is: _____

The address where the said business is now or is about to be conducted is: _____

The full name, residence and post-office address of each person connected with the said business as a member of the firm, partner or owner conducting or about to be conducting the said business is: _____

Business Telephone No. _____

Non-residents of the State of New Jersey, do hereby appoint the Cape May County Clerk, and her successors in office, our true and lawful attorney, upon whom all original process in any legal proceeding against said firm or partnership may be served, and hereby agree that such original process which may be served on such County Clerk may be of the same force and validity as if served upon said nonresident partner or partners, the authority hereby granted shall continue in force so long as the firm or partnership does business in the state of New Jersey under said name.

Witnessed by: _____ Signature(s)

Date: _____ (printed name)

_____ (printed name)

_____ (printed name)

STATE OF NEW JERSEY, COUNTY OF _____ : SS

who, I am satisfied is/are the person(s) named in the foregoing certificate, have/have personally appeared before me and, after being duly sworn has/have certified that the statements contained therein are true.

Sworn and subscribed before me this _____ day of _____, 20____

(signature of notary public)

Printed name of notary public:

Expiration of commission:

Notice: This form is provided as a convenience to the customers of the Cape May County Clerk. It does not imply legal advice as to the form or its content. The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.