

CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF COMMUNITY SERVICES

RETAIL BUSINESS LICENSE REQUIREMENTS INCLUDES FOOD ESTABLISHMENTS, MARINAS, AMUSEMENTS, LODGING, RETAIL AND GENERAL BUSINESSES

1. **Complete the Pre-Application form and submit it to the Office of Licensing. This form is to obtain an approval from the Zoning Office to operate your particular type business at your specific location.**
2. **Within two weeks, the Office of Licensing will notify you of the decision and your fee information.**
3. If approved, 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 white copy only of the application. If you do not have a corporate seal, please include a copy of your corporation or LLC formation papers. **NOTE:** If your corporation or LLC uses a fictitious or alternate name, you must include a copy of the paperwork issued by the Secretary of State giving your 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 "Trade Name Registration" from the County Clerk's office where you registered that name. See attached for information in obtaining a "Trade Name Registration" in Cape May County.
 - C. Food establishments must include a "Satisfactory Health Inspection Certificate". To schedule a health inspection, call the Cape May County Health Department at (609)465-1209.
 - D. Certain businesses are required to furnish proof of general liability insurance (\$300,000 minimum). These businesses are party boats, marinas, jet ski operations, parasailing operations, boat rentals, marine towing, amusement parks and bike rentals. Call your insurance agent and have them fax a certificate of insurance naming the City of Ocean City as the Certificate Holder, to (609)525-2496. Certificates must have been issued within the last 90 days.
 - E. If you collect sales tax, a copy of your New Jersey sales tax certificate.
 - F. Your check for the correct amount made payable to the *City of Ocean City* if mailing. If paying in person, we also accept credit cards and cash.
 - G. In cases of extensive renovations, a copy of the Certificate of Occupancy or Code approvals may be required.
 - H. If you are a public charity or private foundation exempt under section 501(c) (3), you must provide a copy of your determination papers.

If you have any question, please do not hesitate to contact Jaime Cornell-Fine, Division of Licensing, at (609)399-6111, ext. 9733.

ALL REQUIRED DOCUMENTATION AND FEES MUST BE RECEIVED AT THE SAME TIME. ANY INCOMPLETE APPLICATIONS WILL BE RETURNED.

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

MERCANTILE LICENSE

Pre-Application Check Off Sheet

- YOUR NAME: Not the business name.
- YOUR ADDRESS: Your home address- not the business address.
- PHONE NUMBERS: Numbers you can be reached at.
- BLOCK, LOT, QUALIFIER: Obtained from property tax bill.
- SITE ADDRESS: Legal address of business location.
- MOST RECENT USE: List all of the most recent uses on the most recent mercantile license, i.e. take out food, bicycle rentals, bed & breakfast, etc.
- PROPOSED USE: List all of the uses you are proposing.
- OTHER USES THAT WILL BE AT THIS LOACATION: (other than your's).
- HOURS & DAYS OF OPERATION (ie. : 7 days a week , 9:30 am TO 6:00 pm)
- PROPOSED RENOVATIONS OR CHANGES: Do not include cosmetic changes.
- # OF PARKING SPACES: On the property, not on the street.
OF SPACES ELSEWHERE: Do you own or lease spaces somewhere.
- SQ. FT. OF RETAIL AREA: Not restrooms, storage or lot size.
- # OF RENTABLE ROOMS: Refers to guest rooms in B & B, guest house, hotel, motel, rooming or boarding house.
- # OF RENTABLE APARTMENTS: includes efficiencies.
- # OF SEATS: For restaurants, delis etc.
- GREATEST NUMBER OF OWNERS/EMPLOYEES PER SHIFT.
- APPLICANT'S SIGNATURE /TITLE: owner, president, vice president, manager
- COMMENTS/NOTES: Description of business, not a long narrative.

CITY OF OCEAN CITY
DEPARTMENT OF PLANNING and ENGINEERING
OFFICE OF LICENSING
PHONE (609) 399-6111 ext 9733 FAX (609) 525-2496
PRE-APPLICATION FORM FOR MERCANTILE LICENSE
**** PLEASE PRINT ****

APPLICANT NAME: _____ DATE _____
APPLICANT ADDRESS: _____
PHONE NUMBERS: HOME _____ BUSINESS: _____ CELL: _____
EMAIL: _____
BLOCK: _____ LOT: _____ QUAL.: _____ SITE ADDRESS: _____
PROPERTY OWNER'S NAME: _____

MOST RECENT USE(S): _____
PROPOSED USE(S): _____

DAYS & HOURS OF OPERATION: _____

OTHER USES THAT WILL BE AT THIS LOCATION: (EVEN IF YOU ARE NOT INVOLVED) _____

PROPOSED RENOVATIONS OR CHANGES: (PROVIDE A SURVEY AND AN INTERIOR LAYOUT PLAN) SITE PLAN IF
REQUIRED BY ZONING OFFICIAL _____

OF PARKING SPACES: _____ # OF SPACES ELSEWHERE : _____ OWNED
Off Street At another location LEASED
SQ. FT. OF RETAIL AREA: _____ # OF GUEST ROOMS _____ APTS.: _____ OWNER UNIT(S): _____
OF SEATS: _____ GREATEST # OF OWNERS/EMPLOYEES PER SHIFT: _____
FOOD ESTAB.

*******Please note: A Zoning Permit is required for all signage.*******

APPLICANT'S SIGNATURE & TITLE: _____

COMMENTS/NOTES: _____

FOR OFFICIAL USE ONLY

(1) ZONING: APPROVAL _____ DATE: _____ REJECTION _____ DATE: _____

REASON FOR REJECTION: _____

(2) CODE OFFICIAL: APPROVAL _____ DATE: _____ REJECTION _____ DATE: _____

REASON FOR REJECTION: _____

(3) DIR. OF PLAN'G & ENG'G.: APPROVAL _____ DATE: _____ REJECTION _____ DATE: _____

(4) NOTIFICATION GIVEN: _____

(5) MERCANTILE LICENSE NUMBER: _____ ISSUE DATE: _____

MERCANTILE LICENSE APPLICATION

CITY OF OCEAN CITY
OFFICE OF LICENSING
115 12TH STREET
OCEAN CITY, NJ 08226

LICENSE NO. _____

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

BUSINESS INFORMATION

Block: _____ Lot: _____ Qualifier: _____

Business Name: _____

Owner's Name: _____
Individual or Partners, Corporation or LLC Name

Business Address: _____

City: _____ State: _____ Zip: _____

Business Ph: () _____ - _____ Cell Ph: () _____ - _____ Fax: () _____ - _____

Property Owner's Name & Relationship _____
ie Landlord

BUSINESS OWNER'S INFORMATION

Individuals list owner's name; for partnership list both parties. For corporation 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: () _____ - _____

Tax I.D. Number or SS #: _____

Type(s) of Business: _____

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

General Liability Insurance Agency Name: _____

City: _____ State: _____ Phone: () _____ - _____ FAX: () _____ - _____

FOR RETAIL / WHOLESALE BUSINESSES, FOOD ESTABLISHMENTS, ROOMING / GUEST HOUSES, & RENTAL PROPERTIES

Retail Square Footage : _____ Restaurant - Number of Seats: _____

Number of Guest Rooms: _____ Number of Rental Apartments: _____

Number of Vending Machines: _____

Signature of Applicant: _____

Bill: Owner _____ Business _____

FOR OFFICE USE ONLY

Memo: _____

Insurance Cert? Yes ___ NA ___ Trade Name Received: Yes ___ NA ___
Health Dept. Inspect? Yes ___ NA ___ Corp./ LLC Documents Received: Yes ___ No ___
Sales Tax Certificate? Yes ___ NA ___ Alternate Name Registration Received: Yes ___ No ___

Approval By Mercantile: _____

New Business: _____
Pre Application Approval: _____

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

Issued: _____

MAKE CHECKS PAYABLE TO: CITY OF OCEAN CITY—CHECKS or MONEY ORDERS ONLY

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/njbgs>



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) _____
(printed name)

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.