

City of Pleasantville
Office of the Clerk
18 N. First Street
Pleasantville, New Jersey 08232
609-484-3600

MERCANTILE APPLICATION INSTRUCTIONS

1. Complete the application in full and have your signature notarized.
2. All Corporations must submit a copy of a New Jersey State Certificate of Incorporation. Corporations based outside New Jersey must file as such.
3. Board of Health Certificates must be included with any establishment involved in the handling of food.
4. With the filing of this application an application for a Certificate of Occupancy must be filed with the Building Department. Licensing regulations require that all premises be inspected and approved. A Certificate of Occupancy or Certificate of Continued Occupancy must be issued PRIOR to the issuance any Mercantile License.
5. A Corporate officer, business owner, partner or local manager of Franchise located out of area is the only person permitted to file as applicant. This person must complete the "Consent for Criminal Background History." This form is to be completed and returned to the Office of the City Clerk, accompanied by a cashier's check, money order or certified check in the amount of \$18.00, payable to the Div. of State Police SBI.
6. All documentation must be submitted before any application will be processed. No business will be permitted to operate until the mercantile license is issued by the City Clerk.
7. The office of the City Clerk will contact the applicant after the application has been processed. Be sure to provide a current telephone number with your application.

MERCANTILE APPLICATION CHECKLIST

BUSINESS NAME _____

_____ COMPLETED APPLICATION

_____ APPLICATION FEE OF \$ _____

_____ NEW JERSEY STATE CERTIFICATION OF
INCORPORATION (if applicable)

_____ ATLANTIC COUNTY BOARD OF HEALTH
CERTIFICATE (if applicable)

_____ COMPLETED REQUEST FOR CRIMINAL HISTORY
RECORD INFORMATION FORM (accompanied by
cashier's check, money order or certified check in the
amount of \$18.00, payable to the "Division of State Police S.B.I.")

APPROVALS:

_____ Date _____

G. Griffin, City Clerk

Temporary License Issued _____

Permanent License Issued _____

Received Application _____
Sent to Police Dept _____

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Mercantile License Application

Business Name: _____

Corporate Name: _____

Address of Business: _____

Mailing Address of Business (if different from above): _____

Business Telephone Number: _____

Federal Tax I. D. Number: _____

State Tax I.D. Number: _____

C.O. Number (if available): _____

Name, address and telephone number of applicant: _____

Include any other names, nicknames or aliases under which applicant is or has been known _____

Describe in detail type of business activity being conducted: _____

List goods, articles, merchandise or service to be sold or supplied:

Indicate type of ownership:

Sole Proprietorship _____
Partnership _____
Corporation _____
L.L.C. _____

List owners of Corporation/Business and respectful titles:

Name and Title of applicant and relationship of applicant to business: _____

Address: _____ Phone #: _____

DOB : _____ Social Security #: _____

Prior licensing history of business and applicant together with all other names and locations under which this applicant has conducted business: _____

Does applicant presently hold a mercantile license from any other municipality?

Yes ___ No ___

If yes, name of municipality and type of business together with name under which the license was issued, mercantile number and expiration date: _____

Has applicant ever had a mercantile license revoked or suspended?

Yes ___ No ___

If yes, name of municipality in which the license was suspended or revoked, business name in which license was issued, date of suspension, reason for suspension? _____

Are you located in the UEZ (Urban Enterprise Zone)? Yes ___ No ___ Unknown ___

Are you a member of the Urban Enterprise Zone? Yes ___ No ___

Operation of licensed business:

Days of the week: _____

Hours: _____

If you are not the owner of the premises, list name, address and telephone number of owner/landlord and term of lease:

Property owner must complete the following statement:

PROPERTY OWNER/LANDLORD STATEMENT

I _____, the owner of Block _____,

Lot(s) _____, aka _____
street address

City of Pleasantville, hereby acknowledge that this application by _____

_____ for a Mercantile License of said property is made with my complete knowledge and understanding that the proposed use of the property conforms to all Municipal Ordinances and Regulations.

Please list below the name of the previous business at this location

signature of property owner

Name _____

Address _____

Phone _____

Additional businesses being conducted by you or anyone else at this location?

Yes _____ No _____

If yes, explain in detail: _____

Square footage of building space occupied by your business: _____

Number of cigarette vending machines? _____

Number of mechanical amusement/amusement video devises and description of each: _____

Number of vending machines (other than cigarettes) on premises and description of each: _____

Number of coin operated washers/dryers? _____

Number of seats (if applicable)? _____

Have you ever been convicted of any Crimes/Misdemeanors? Yes ____ No ____

If yes, indicate date of crime, nature of crime and penalty or punishment imposed: _____

Does applicant have additional employment? Yes ____ No ____ . If yes, indicate name, address and telephone number: _____

Type of business: _____

REFERENCES:

You will need to list ONE business and TWO personal references include names, addresses and telephone numbers: (Cannot be a relative of the applicant.)

1. _____

2. _____

3. _____

I hereby set forth the answers, statements and declarations on this application are absolutely true in all respects. Any falsification of this document will result in the denial of my license application.

Signature: _____ Date: _____

SUBSCRIBED TO AND SWORN TO
BEFORE ME THIS _____
DAY OF _____, 20 .

Notary Public