

No License will be issued  
unless this application is  
completed in detail.

## City of Margate City

Municipal Building  
9001 Winchester Ave  
Margate City, NJ 08402  
609-822-2605

# MERCANTILE LICENSE APPLICATION

(MARGATE CITY CODE - CHAPTER 183)

**Business**  
**Name / Address** (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Business Owner**  
**Name / Address** (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

The undersigned hereby respectfully requests a license to sell services and/or retail items for the following type of business: \_\_\_\_\_

Please indicate services you will be providing and be specific as possible, also indicate all Vending / Video Machines in your establishment. If you were approved by Planning Board action, their list must be limited to what was presented to and approved by the Planning Board. (Please Print)

_____
_____
_____
_____



Please provide the following documents where applicable:

Board of Health Certification



Renter/Lease Agreement



Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon approval by the Planning Board (if applicable), and inspections by the Construction Official and Fire Department, license will be issued.

\_\_\_\_\_  
(Date of Planning Board Approval)

**Signature:** \_\_\_\_\_

Planning/Zoning Board Rep. (If Commercial Change)

\_\_\_\_\_  
(Date Signed)

**Signature:** \_\_\_\_\_

(Construction Official)

\_\_\_\_\_  
(Date Signed)

**Signature:** \_\_\_\_\_

(Fire Marshall)

License Granted: \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ License No. M \_\_\_\_\_

**Note: Please include telephone numbers for both business and owner.**